

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46241</i>
<i>Company Tracking Number:</i>	<i>20967064</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		

Filing at a Glance

Company: CIGNA Health and Life Insurance Company

Product Name: Group Dental Benefits

SERFF Tr Num: CCGH-126664583 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: 20967064

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Kathryn Graywacz, Debbie
Kingsley, Marilyn Wichroski, Dewey
Post, Marguerite Campbell

Date Submitted: 07/19/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CIGNA Health and Life Insurance Company Policy and
Certificate (LEA) (Dental)

Status of Filing in Domicile: Pending

Project Number: 20967064

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Filed
simultaneously in Connecticut, our state of
domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer, Association,
Trust

Filing Status Changed: 08/13/2010

Explanation for Other Group Market Type:

State Status Changed: 08/13/2010

Deemer Date:

Created By: Dewey Post

Submitted By: Dewey Post

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval new Dental Master Policy and Master Certificate form series for use with CIGNA Health and Life Insurance Company.

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>20967064</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental Benefits</i>		
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The proposed Master Policy documents (the HP form series) and Master Certificate documents (the HC form series) are presented to you as an insert page matrix of forms. The insert page matrix allows us the flexibility to create Policy and Certificate documents for our customers through a streamlined, automated document production system. Roughly 75% of the language in any of the Policy and Certificate documents we produce for the various products we market is the same, regardless of the product being sold. For example, Eligibility and Termination provisions are common across all of our Dental products – that is, there are not different Eligibility standards for a Dental PPO plan versus a Dental Indemnity Plan. The insert page matrix approach allows us to maintain one version of Eligibility text for all group health policies in a state, rather than having to maintain multiple copies of the same Eligibility text for many different product types.

The form matrix included in this filing supports the following CIGNA Health and Life Insurance Company products:

- Traditional Dental (Dental Indemnity)
- Dental Preferred Provider Organization

These forms do not replace any forms currently on file with your department.

Company and Contact

Filing Contact Information

Dewey Post,	dewey.post@cigna.com
900 Cottage Grove Road	860-226-6258 [Phone]
B6LPA	860-226-5400 [FAX]
Hartford, CT 06152	

Filing Company Information

CIGNA Health and Life Insurance Company	CoCode: 67369	State of Domicile: Connecticut
900 Cottage Grove Road	Group Code: 901	Company Type: LAH
Bloomfield, CT 06002	Group Name:	State ID Number:
(860) 226-6000 ext. [Phone]	FEIN Number: 59-1031071	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$7,400.00
Retaliatory?	Yes
Fee Explanation:	\$50 per form 50 x 63 = 3150

SERFF Tracking Number: *CCGH-126664583* *State:* *Arkansas*
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TOI: *H10G Group Health - Dental* *Sub-TOI:* *H10G.000 Health - Dental*
Product Name: *Group Dental Benefits*
Project Name/Number: *CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064*
 50 x 87 = 4350
 Total = \$7,400
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CIGNA Health and Life Insurance Company	\$7,400.00	07/19/2010	38126804

SERFF Tracking Number: CCGH-126664583 State: Arkansas

Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 46241

Company Tracking Number: 20967064

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Group Dental Benefits

Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2010	08/13/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/05/2010	08/05/2010	Dewey Post	08/13/2010	08/13/2010

SERFF Tracking Number: *CCGH-126664583* *State:* *Arkansas*
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TOI: *H10G Group Health - Dental* *Sub-TOI:* *H10G.000 Health - Dental*
Product Name: *Group Dental Benefits*
Project Name/Number: *CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064*

Disposition

Disposition Date: 08/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGH-126664583 State: Arkansas

Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 46241

Company Tracking Number: 20967064

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Group Dental Benefits

Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Forms List	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Policy Amendment – General Use	Approved-Closed	Yes
Form	Policy Amendment/Rider – Minimum Premium	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	Certification	Approved-Closed	Yes
Form	Special Plan Provisions Appeals	Approved-Closed	Yes
Form	Important Notices	Approved-Closed	Yes
Form	How to File Your Claim	Approved-Closed	Yes
Form (revised)	Eligibility – Effective Date	Approved-Closed	Yes
Form	Eligibility – Effective Date	Replaced	Yes
Form	Dental Late Entrant Limit	Approved-Closed	Yes
Form	Eligibility – Effective Date – Dental Expense Reimbursement Plans	Approved-Closed	Yes
Form	Important Information About your Dental Plan – CDO/FlexAdvantageExtra	Approved-Closed	Yes
Form	Schedule of Insurance	Approved-Closed	Yes
Form	Schedule of Insurance	Approved-Closed	Yes
Form	Dental Benefit Waiting Period	Approved-Closed	Yes
Form	Missing Teeth Limitation	Approved-Closed	Yes
Form	Dental Covered Services	Approved-Closed	Yes
Form	Dental Covered Services Payment Formula	Approved-Closed	Yes
Form	Dental Covered Services Class I (Preventive & Diagnosis)	Approved-Closed	Yes
Form	Dental Covered ServicesDental Covered Services Class II (Basic Restorative Services)	Approved-Closed	Yes
Form	Dental Covered Services Class III(Major Restorative Services)	Approved-Closed	Yes
Form	Dental Covered Services Class IV (Orthodontia)	Approved-Closed	Yes

SERFF Tracking Number: CCGH-126664583 State: Arkansas
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Company Tracking Number: 20967064
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental Benefits
Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Form	Dental Covered Services Class V (TMJ)	Approved-Closed	Yes
Form	Dental Covered Services Class IX (Implants)	Approved-Closed	Yes
Form	Covered Expenses – Dental Expense Reimbursement Plans	Approved-Closed	Yes
Form	Dental Covered Services Scheduled Plans 1 through 87	Approved-Closed	Yes
Form	Expenses Not Covered, Exclusions and Limitations	Approved-Closed	Yes
Form	Expenses Not Covered, Exclusions and Limitations – Dental Expense Reimbursement Plans	Approved-Closed	Yes
Form	Coordination of Benefits – Maintenance of Benefits - Non Dup	Approved-Closed	Yes
Form	Conditional Claim Payment	Approved-Closed	Yes
Form	Payment of Benefits	Approved-Closed	Yes
Form	Payment of Benefits Dental Misc. & OHIP	Approved-Closed	Yes
Form	Termination of Insurance	Approved-Closed	Yes
Form	Termination - Dental Expense Reimbursement Plans	Approved-Closed	Yes
Form	Dental Benefits Extension	Approved-Closed	Yes
Form	When You Have a Complaint or Appeal	Approved-Closed	Yes
Form	Active Service	Approved-Closed	Yes
Form	Chewing Injury	Approved-Closed	Yes
Form	Coinsurance	Approved-Closed	Yes
Form	Contracted Fee	Approved-Closed	Yes
Form	Covered Dental Injury	Approved-Closed	Yes
Form	Dentist	Approved-Closed	Yes
Form	Dependent	Approved-Closed	Yes
Form	Domestic Partner	Approved-Closed	Yes
Form	Employee	Approved-Closed	Yes
Form	Employer	Approved-Closed	Yes
Form	Employer Trustee	Approved-Closed	Yes
Form	External Force	Approved-Closed	Yes
Form	Functioning Natural Tooth	Approved-Closed	Yes
Form	Handicapping Malocclusion	Approved-Closed	Yes
Form	Maximum Reimbursable Charge	Approved-Closed	Yes

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Company Tracking Number: 20967064

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Group Dental Benefits

Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Form	Medicaid	Approved-Closed	Yes
Form	Medicare	Approved-Closed	Yes
Form	Medically Necessary and/or Dentally Necessary	Approved-Closed	Yes
Form	Natural Tooth	Approved-Closed	Yes
Form	Necessary	Approved-Closed	Yes
Form	Orthodontic Treatment	Approved-Closed	Yes
Form	Participating Provider	Approved-Closed	Yes
Form	Participation Date (Trustee)	Approved-Closed	Yes
Form	Schedule Amount	Approved-Closed	Yes
Form	Usual Fee	Approved-Closed	Yes
Form	Minimum Premium Rider	Approved-Closed	Yes
Form	Certificate Rider – General Use	Approved-Closed	Yes

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Product Name: Group Dental Benefits
Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/05/2010

Submitted Date 08/05/2010

Respond By Date

Dear Dewey Post,

This will acknowledge receipt of the captioned filing.

Objection 1

- Eligibility – Effective Date, HC-ELG1 (Form)

Comment:

Coverage for a newborn infant must be for at least 90 days as outlined under ACA 23-79-129.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: CCGH-126664583 State: Arkansas
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 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Group Dental Benefits
 Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 08/13/2010
 Submitted Date 08/13/2010

Dear Rosalind Minor,

Comments:

Thank you for your comment dated 8/5/2010. Please see below for our response.

Response 1

Comments: I have made the change to HC-ELG1 per your request, as a result a new form number HC-ELG34 will be used.

Related Objection 1

Applies To:

- Eligibility – Effective Date, HC-ELG1 (Form)

Comment:

Coverage for a newborn infant must be for at least 90 days as outlined under ACA 23-79-129.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Eligibility – Effective Date	HC-ELG1		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		50.260	HC-ELG34.pdf
Previous Version							
Eligibility – Effective Date	HC-ELG1		Certificate Amendment, Insert Page, Endorsement	Initial		50.260	HC-ELG1.pdf

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TOI: *H10G Group Health - Dental* *Sub-TOI:* *H10G.000 Health - Dental*
Product Name: *Group Dental Benefits*
Project Name/Number: *CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064*
or Rider

No Rate/Rule Schedule items changed.

Thank you for your time with this submission.

Sincerely,

Debbie Kingsley, Dewey Post, Kathryn Graywacz, Marguerite Campbell, Marilyn Wichroski

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Form Schedule

Lead Form Number: HP-POL et al

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/13/2010	HP-POL77	Policy/Cont ract/Fratern al Certificate	Policy	Initial		50.260	POL77 AR.pdf
Approved-Closed 08/13/2010	HP-AMD1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment – General Use	Initial		50.260	HP-AMD1 _General Amendment for Policy Revisions_.pdf
Approved-Closed 08/13/2010	HP-AMD4	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment/Rider – Minimum Premium	Initial		50.260	HP-AMD4 _Minimum Premium_.pdf
Approved-Closed 08/13/2010	HC-TOC2	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Table of Contents	Initial		50.260	HC-TOC2.pdf
Approved-Closed 08/13/2010	HC-CER2	Certificate Amendmen t, Insert	Certification	Initial		50.260	HC-CER2.pdf

SERFF Tracking Number: CCGH-126664583 State: Arkansas
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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental Benefits
Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Approved- HC-SPP4	Certificate Special Plan	Initial	50.260	HC-SPP4
Closed	Amendmen Provisions Appeals			_Appeals
08/13/2010	t, Insert			Notice_.pdf
	Page,			
	Endorseme			
	nt or Rider			
Approved- HC-IMP70	Certificate Important Notices	Initial	50.260	HC-IMP70.pdf
Closed	Amendmen			
08/13/2010	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- HC-CLM1	Certificate How to File Your	Initial	50.260	HC-CLM1.pdf
Closed	Amendmen Claim			
08/13/2010	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- HC-ELG1	Certificate Eligibility – Effective	Initial	50.260	HC-
Closed	Amendmen Date			ELG34.pdf
08/13/2010	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- HC-LEL1	Certificate Dental Late Entrant	Initial	50.260	HC-LEL1.pdf
Closed	Amendmen Limit			
08/13/2010	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- HC-ELG3	Certificate Eligibility – Effective	Initial	50.260	HC-ELG3
Closed	Amendmen Date – Dental			_DERP_.pdf
08/13/2010	t, Insert Expense			
	Page, Reimbursement			
	Endorseme Plans			

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		
	nt or Rider		
Approved- HC-IMP2	Certificate Important Information	Initial	50.260
Closed	Amendmen About your Dental		HC-IMP2.pdf
08/13/2010	t, Insert Plan –		
	Page, CDO/FlexAdvantage		
	Endorseme Extra		
	nt or Rider		
Approved- HC-SOC5	Certificate Schedule of	Initial	50.260
Closed	Amendmen Insurance		HC-SOC5
08/13/2010	t, Insert		generic
	Page,		DPPO.pdf
	Endorseme		
	nt or Rider		
Approved- HC-SOC14	Certificate Schedule of	Initial	50.260
Closed	Amendmen Insurance		HC-SOC14
08/13/2010	t, Insert		generic
	Page,		DIND.pdf
	Endorseme		
	nt or Rider		
Approved- HC-DBW1	Certificate Dental Benefit	Initial	50.260
Closed	Amendmen Waiting Period		HC-DBW1.pdf
08/13/2010	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- HC-MTL1	Certificate Missing Teeth	Initial	50.260
Closed	Amendmen Limitation		HC-MTL1.pdf
08/13/2010	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- HC-DEN1	Certificate Dental Covered	Initial	50.260
Closed	Amendmen Services		HC-DEN1.pdf
08/13/2010	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- HC-DEN2	Certificate Dental Covered	Initial	50.260
			HC-DEN2.pdf

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		
Closed	Amendmen Services Payment		
08/13/2010	t, Insert Formula		
	Page,		
	Endorseme		
	nt or Rider		
Approved- HC-DEN3	Certificate Dental Covered	Initial	50.260
Closed	Amendmen Services Class I		HC-DEN3.pdf
08/13/2010	t, Insert (Preventive &		
	Page, Diagnosis)		
	Endorseme		
	nt or Rider		
Approved- HC-DEN4	Certificate Dental Covered	Initial	50.260
Closed	Amendmen ServicesDental		HC-DEN4.pdf
08/13/2010	t, Insert Covered Services		
	Page, Class II (Basic		
	Endorseme Restorative Services)		
	nt or Rider		
Approved- HC-DEN5	Certificate Dental Covered	Initial	50.260
Closed	Amendmen Services Class		HC-DEN5.pdf
08/13/2010	t, Insert III(Major Restorative		
	Page, Services)		
	Endorseme		
	nt or Rider		
Approved- HC-DEN6	Certificate Dental Covered	Initial	50.260
Closed	Amendmen Services Class IV		HC-DEN6.pdf
08/13/2010	t, Insert (Orthodontia)		
	Page,		
	Endorseme		
	nt or Rider		
Approved- HC-DEN7	Certificate Dental Covered	Initial	50.260
Closed	Amendmen Services Class V		HC-DEN7.pdf
08/13/2010	t, Insert (TMJ)		
	Page,		
	Endorseme		
	nt or Rider		
Approved- HC-DEN8	Certificate Dental Covered	Initial	50.260
Closed	Amendmen Services Class IX		HC-DEN8.pdf
08/13/2010	t, Insert (Implants)		

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<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		

Approved- HC-DRP1	Certificate	Covered Expenses – Initial	50.260	HC-DRP1.pdf
Closed	Amendmen	Dental Expense		
08/13/2010	t, Insert	Reimbursement		
	Page,	Plans		
	Endorseme			
	nt or Rider			
Approved- HC-DES1-	Certificate	Dental Covered	Initial	50.260
Closed 87 et al	Amendmen	Services Scheduled		
08/13/2010	t, Insert	Plans 1 through 87		
	Page,			
	Endorseme			
	nt or Rider			
Approved- HC-DEX1	Certificate	Expenses Not	Initial	50.260
Closed	Amendmen	Covered, Exclusions		HC-DEX1.pdf
08/13/2010	t, Insert	and Limitations		
	Page,			
	Endorseme			
	nt or Rider			
Approved- HC-DRP2	Certificate	Expenses Not	Initial	50.260
Closed	Amendmen	Covered, Exclusions		HC-DRP2.pdf
08/13/2010	t, Insert	and Limitations –		
	Page,	Dental Expense		
	Endorseme	Reimbursement		
	nt or Rider	Plans		
Approved- HC-COB6	Certificate	Coordination of	Initial	50.260
Closed	Amendmen	Benefits –		HC-COB6.pdf
08/13/2010	t, Insert	Maintenance of		
	Page,	Benefits - Non Dup		
	Endorseme			
	nt or Rider			
Approved- HC-SUB2	Certificate	Conditional Claim	Initial	50.260
Closed	Amendmen	Payment		HC-SUB2.pdf
08/13/2010	t, Insert			
	Page,			
	Endorseme			

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		
	nt or Rider		
Approved- HC-POB4 Closed 08/13/2010	Certificate Payment of Benefits Initial Amendmen t, Insert Page, Endorseme nt or Rider	50.260	HC-POB4.pdf
Approved- HC-POB5 Closed 08/13/2010	Certificate Payment of Benefits Initial Amendmen Dental Misc. & OHIP t, Insert Page, Endorseme nt or Rider	50.260	HC-POB5.pdf
Approved- HC-TRM3 Closed 08/13/2010	Certificate Termination of Initial Amendmen Insurance t, Insert Page, Endorseme nt or Rider	50.260	HC-TRM3.pdf
Approved- HC-TRM4 Closed 08/13/2010	Certificate Termination - Dental Initial Amendmen Expense t, Insert Reimbursement Page, Plans Endorseme nt or Rider	50.260	HC-TRM4 _DERP_.pdf
Approved- HC-BEX3 Closed 08/13/2010	Certificate Dental Benefits Initial Amendmen Extension t, Insert Page, Endorseme nt or Rider	50.260	HC-BEX3.pdf
Approved- HC-APL94 Closed 08/13/2010	Certificate When You Have a Initial Amendmen Complaint or Appeal t, Insert Page, Endorseme nt or Rider	50.260	HC- APL94.pdf
Approved- HC-DFS1	Certificate Active Service Initial	50.260	HC-DFS1.pdf

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46241</i>
<i>Company Tracking Number:</i>	<i>20967064</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		
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Approved- HC-	Certificate Chewing Injury	Initial	50.260
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Approved- HC-	Certificate Coinsurance	Initial	50.260
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Approved- HC-	Certificate Contracted Fee	Initial	50.260
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Approved- HC-	Certificate Dentist	Initial	50.260
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	Endorseme		
	nt or Rider		
Approved- HC-	Certificate Dependent	Initial	50.260
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SERFF Tracking Number: CCGH-126664583 State: Arkansas
Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 46241
Company Tracking Number: 20967064
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental Benefits
Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Approved- Closed 08/13/2010	HC-DFS47	Page, Endorseme nt or Rider Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Domestic Partner	Initial	50.260	HC- DFS47.pdf
Approved- Closed 08/13/2010	HC-DFS7	Page, Endorseme nt or Rider Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Employee	Initial	50.260	HC-DFS7.pdf
Approved- Closed 08/13/2010	HC-DFS8	Page, Endorseme nt or Rider Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Employer	Initial	50.260	HC-DFS8.pdf
Approved- Closed 08/13/2010	HC-DFS9	Page, Endorseme nt or Rider Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Employer Trustee	Initial	50.260	HC-DFS9.pdf
Approved- Closed 08/13/2010	HC- DFS127	Page, Endorseme nt or Rider Certificate Amendmen t, Insert Page, Endorseme nt or Rider	External Force	Initial	50.260	HC- DFS127.pdf
Approved- Closed 08/13/2010	HC- DFS128	Page, Endorseme nt or Rider Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Functioning Natural Tooth	Initial	50.260	HC- DFS128.pdf

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46241</i>
<i>Company Tracking Number:</i>	<i>20967064</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		
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<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46241</i>
<i>Company Tracking Number:</i>	<i>20967064</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		
Closed DFS134 08/13/2010	Amendmen t, Insert Page, Endorseme nt or Rider		DFS134.pdf
Approved- HC- Closed DFS135 08/13/2010	Certificate Orthodontic Amendmen Treatment t, Insert Page, Endorseme nt or Rider	Initial 50.260	HC- DFS135.pdf
Approved- HC- Closed DFS136 08/13/2010	Certificate Participating Provider Amendmen t, Insert Page, Endorseme nt or Rider	Initial 50.260	HC- DFS136.pdf
Approved- HC-DFS18 Closed 08/13/2010	Certificate Participation Date Amendmen (Trustee) t, Insert Page, Endorseme nt or Rider	Initial 50.260	HC- DFS18.pdf
Approved- HC- Closed DFS137 08/13/2010	Certificate Schedule Amount Amendmen t, Insert Page, Endorseme nt or Rider	Initial 50.260	HC- DFS137.pdf
Approved- HC- Closed DFS138 08/13/2010	Certificate Usual Fee Amendmen t, Insert Page, Endorseme nt or Rider	Initial 50.260	HC- DFS138.pdf
Approved- HC-MPR1 Closed 08/13/2010	Certificate Minimum Premium Rider	Initial 46.900	HC-MPR1.pdf

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46241</i>
<i>Company Tracking Number:</i>	<i>20967064</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		
Approved- HC-RDR1	Certificate	Certificate Rider –	Initial
Closed		General Use	
08/13/2010			

46.900 HC-RDR1.pdf

*Mailing Address: Hartford, Connecticut 06152
Home Office: Bloomfield, Connecticut*

CIGNA HEALTH AND LIFE INSURANCE COMPANY

POLICYHOLDER: [Insert Policyholder Name]

ADDRESS: [Insert Policyholder Address]

ACCOUNT NUMBER: [Insert Account Number]

Group Insurance
Policy and Policy Number

Effective
Date

Anniversary
Date

CIGNA DENTAL INSURANCE

[Insert Effective
Date]

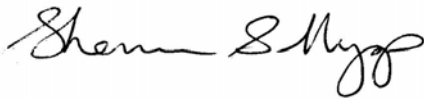
[Insert
Anniversary
Date]

[Insert if list continues on next page]

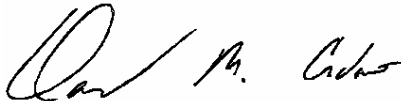
[(This listing of the Group Insurance Policies is continued on the next page.)]

These Policies contain the terms under which the Insurance Company agrees to insure certain Employees and pay benefits.

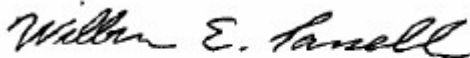
The Insurance Company and the Policyholder have agreed to all of the terms of these policies.



Shermona Mapp, Corporate Secretary



David M. Cordani, President



Wilbur E. Parsell, Registrar

(Continued)

POLICYHOLDER: *[Insert Policyholder Name]*

<u>Group Insurance Policy and Policy Number</u>	<u>Effective Date</u>	<u>Anniversary Date</u>
<i>[Insert Additional Policies]</i>	<i>[Insert Effective Date]</i>	<i>[Insert Anniversary Date]</i>
<i>[Insert Additional Policies]</i>	<i>[Insert Effective Date]</i>	<i>[Insert Anniversary Date]</i>
<i>[Insert Additional Policies]</i>	<i>[Insert Effective Date]</i>	<i>[Insert Anniversary Date]</i>

These policies are issued in Arkansas and shall be governed by its laws.

Arkansas state law requires insurers to deliver the following notice to policyholders.

**ARKANSAS LIFE AND DISABILITY INSURANCE
GUARANTY ASSOCIATION NOTICE**

Residents of this state who purchase life insurance or disability insurance or annuities should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

The Arkansas Life and Disability Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the Insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Association to induce you to purchase any kind of insurance policy.

If you have additional questions, you should first contact your insurer or agent and then may contact:

**Arkansas Life and Health
Insurance Guaranty Association
C/O The Liquidation Division
1023 W Capital Avenue
Little Rock, Arkansas 72201**

OR

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Disability Insurance Guaranty Association Act. Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life or disability insurance contract, or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Association if:

- they are eligible for protection under the laws of another state. (This may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Association also does not provide coverage for:

- any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contract holders, not individuals);
- unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation (FPBC) (whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than the insurance company would owe under a policy or contract. Also, for any one insured's life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values — again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

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THE INSURANCE SCHEDULE

The terms set forth herein and in the Certificate(s) listed below describe the insurance underwritten by the Insurance Company. These Certificates are included in and made a part of the policy(ies). Each Certificate is identified by a Certificate Number (CN).

Any reference in the certificate to "you" or "yours" refers to the Employee.

An Employee in any of the classes shown below may be insured but only for the policy(ies) listed for his Employee Class. The Effective Date shown below is the date on which a policy becomes effective for an Employee Class.

An Employee will become eligible and insured in accordance with the terms of the "Eligibility" and "Effective Date" sections of the Certificate.

GROUP POLICY(IES)		EMPLOYEE CLASS	
<u>Certificate Number</u>	<u>Policy(ies)</u>	<u>Eligible Employees</u>	<u>Effective Date</u>
<i>[Insert Certificate number]</i>	Dental Insurance	[Each Employee as reported to the insurance company by the Employer]	<i>[Insert Effective Date]</i>

THE INSURANCE SCHEDULE (Continued)

The Certificate may include Certificate Riders which are identified by Rider Numbers. These Certificate Riders are listed below.

Certificate Rider Number

[Insert Rider number]

Certificate Number

[Insert Certificate number]

AFFILIATED EMPLOYERS

ELIGIBILITY FOR EMPLOYEE INSURANCE

Each Employee in one of the Classes of Eligible Employees shown below will become eligible for Employee Insurance according to the provisions set forth in the ELIGIBILITY - EFFECTIVE DATE section of the Employee Certificate.

AFFILIATED EMPLOYERS

[Insert Affiliated Employer Name]

WAITING PERIOD

[Insert applicable waiting period]

[None] [[1-90 days] after date of hire] [[1-90] days from the date of Active Service] [First of the month following [1-90] days from the date of Active Service] [The first day of the month following [1-90] days from date of hire]

CLASSES OF ELIGIBLE EMPLOYEES

[All Hourly Employees]

PREMIUMS

PREMIUM PAYMENT. The first premium will be due on the Effective Date. After that, premium will be due monthly unless the Policyholder and the Insurance Company agree on some other method of premium payment. The Policyholder and the Insurance Company may agree to change the method of premium payment from time to time. Premiums are payable at the Home Office of the Insurance Company or to an authorized agent of the Insurance Company.

PREMIUM DUE DATE. After the Effective Date, the Premium Due Date will be the first of the month. The Anniversary Date will be the first of the month when the policy becomes effective. If the Policyholder and the Insurance Company agree that premiums will be paid on a quarterly, semiannual or annual basis, the Premium Due Date will be at the appropriate regular interval, quarterly, semiannually or annually. Premiums must be received at the Home Office or by an authorized agent of the Insurance Company on the Premium Due Date or the policy will be cancelled except as set forth in the Grace Period.

MONTHLY STATEMENT DATE. If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Premium Due Date. If premiums are to be paid on a quarterly, semiannual or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date.

MONTHLY PREMIUM STATEMENT. If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This Monthly Premium Statement will show the premium due. If premiums are due quarterly, semiannually or annually, a Monthly Premium Statement will be prepared as of the Monthly Statement Date for the time from the Monthly Statement Date to the next Premium Due Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in insurance amounts that took place in the preceding month.

SIMPLIFIED ACCOUNTING. To simplify the accounting process, premium adjustments will be made on the Monthly Statement Date that is the same as or next follows the date that (1), (2) or (3) below takes place.

- (1) A person becomes insured.
- (2) The amount of insurance on a person changes, but not due to a revision of The Schedule.
- (3) A person ceases to be insured.

MONTHLY PREMIUM RATE FOR DENTAL INSURANCE. The monthly premium rate for Dental Insurance is as follows:

For Employee Insurance	For Dependent Insurance
\$!	\$!

DENTAL INSURANCE PREMIUM. The monthly premium for Dental Insurance will be calculated as follows:

- (1) Multiply the number of Employees insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- (2) Add the results.

CHANGE IN METHOD OF PREMIUM PAYMENT. If premiums are to be paid other than monthly, the method of calculation is the same. However, the rate for each class is first changed to quarterly, semiannual or annual rates by multiplying them by 2.9852, 5.9557 or 11.8227, respectively. All results are taken to the nearer cent. If the Policyholder and the Insurance Company agree to a change in the method of premium payment or to a change in the Anniversary Date, a pro rata adjustment will be made in the premium due.

[Insert if employee contributes toward the premium]

[EMPLOYEE CONTRIBUTIONS. If at any time the total of all Employee Contributions paid under the policy exceeds the total premiums paid under the policy, (after giving effect to any experience credits), the excess: (1) will be applied to the Policyholder; and (2) will benefit only the Employees. Any rate reduction or experience credit that the Insurance Company grants the Policyholder will release the Company of all liability for that reduction or credit.]

CHANGES IN PREMIUM RATES. Any premium rate may be changed by the Insurance Company from time to time with at least 31 days advance written notice. No such change will be made until 12 months after the Effective Date. An increase will not be made more often than once in a 12-month period. If an increase in premium rates takes place on a date that is not a Premium Due Date, a pro rata premium will be due on the date of the increase. The pro rata premium will apply for the increase from the date of the increase to the next Premium Due Date. If a decrease in premium rates takes place on a date that is not a Premium Due Date, a pro rata credit will be granted. The pro rata credit will apply for the decrease from the date of the decrease to the next Premium Due Date.

[Insert percentage selected by Policyholder]

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date, the enrolled population either increases or decreases by [5-20]% or more.

As of any Anniversary Date after the policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience. The experience under this policy may be combined with the experience under other contracts issued by the Insurance Company or its affiliates and covering the policyholder or its employees.

The Insurance Company may change rates immediately if, in its opinion, its liability is altered by any change in state or federal law or by a revision in the insurance under the policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance.

CANCELLATION OF POLICY

The Policyholder may cancel the policy as of any Premium Due Date by giving written notice to the Insurance Company before the date.

The Insurance Company may cancel the policy due to the following reasons only:

with at least 90 days prior written notice, if the Insurance Company ceases to offer coverage of this type, in accordance with applicable state or federal law;

as of any Premium Due Date, if the premium is not received at the Home Office or by an authorized agent of the Insurance Company when due;

immediately, if the Employer has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact;

as of any Premium Due Date, if the number of insured Employees or if the number of insured Dependents fails to meet the minimum required per group participation rules; or for failure to comply with any other material plan provision relating to Employer contributions or group participation rules;

if the Insurance Company withdraws from the health insurance market with prior written notice and in accordance with applicable state or federal law;

in accordance with any applicable state law, if it is determined that the size of the Employer group has changed, making such group eligible for a guaranteed issued small group product;

in accordance with any applicable state or federal law, if prior notice is given to the Employer;

as to an Employer member of an association to which this policy is issued, when the Employer's membership in the association ceases, in accordance with applicable state or federal law.

Coverage will cease at midnight on the date on which termination occurs, unless otherwise stated above.

Uniform Modification of Coverage. At renewal, the provisions of this policy may be modified to reflect product revisions which have been uniformly made to this product.

GRACE PERIOD. If, before a Premium Due Date, the Policyholder has not given written notice to the Insurance Company that the policy is to be canceled, a Grace Period of 31 days will be granted for the payment of each premium after the initial premium. The policy will stay in effect during that time. If any premium is not received at the home office or by an authorized agent of the Insurance Company by the end of the Grace Period, the policy will automatically be canceled at the end of the Grace Period; except that, if the Policyholder has given written notice in advance of an earlier date of cancellation, the policy will be canceled as of the earlier date. The Policyholder will be liable to the Insurance Company for any unpaid premium for the time the policy was in force.

MISCELLANEOUS PROVISIONS

EXECUTION OF POLICY. The policy is executed at the Home Office of the Insurance Company. The Post Office address of the Insurance Company is Hartford, Connecticut.

CONSIDERATION. The policy is issued to the Policyholder in consideration of the application and payment of premiums.

INSURANCE DATA. The Policyholder will give the Insurance Company all of the data that it needs to calculate the premium and all other data that it may reasonably require. Failure of the Policyholder to give this data will not void or continue an Employee's insurance. The Insurance Company has the right to examine the Policyholder's records relative to these benefits at any reasonable time while the policy is in effect. It also has this right until all rights and obligations under the policy are finally determined.

MALE PRONOUN. The male pronoun as used herein will be deemed to include the female.

PROVISIONS

ENTIRE CONTRACT. The entire contract will be made up of the policy, the application of the Policyholder, a copy of which is attached to the policy and all subsequent versions of the policy, and the applications, if any, of the Employees.

POLICY CHANGES. Changes may be made in the policy only by amendment signed by the Policyholder and by the Insurance Company acting through its President, Vice President, Secretary, or Assistant Secretary. No agent may change or waive any terms of the policy.

STATEMENTS NOT WARRANTIES. All statements made by the Policyholder or by an insured Employee will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Policyholder or by the Employee to obtain insurance will be used to avoid or reduce the insurance unless it is made in writing and is signed by the Policyholder or the Employee and a copy is sent to the Policyholder, the Employee or his Beneficiary.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurance Company within 30 days after the occurrence or start of the loss on which claim is based.

If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible.

CLAIM FORMS. When the Insurance Company receives the notice of claim, it will give to the claimant, or to the Policyholder for the claimant, the claim forms it uses for filing proof of loss. If the claimant does not get these claim forms within 15 days after the Insurance Company receives notice of claim, he will be considered to have met the proof of loss requirements if he submits written proof of loss within 90 days after the date of loss. This proof must describe the occurrence, character and extent of the loss for which claim is made.

PROOF OF LOSS. Written proof of loss must be given to the Insurance Company within 90 days after the date of the loss for which claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible.

PHYSICAL EXAMINATION. The Insurance Company, at its own expense, will have the right to examine any person for whom claim is pending as often as it may reasonably require.

LEGAL ACTIONS. No action at law or in equity will be brought to recover on the policy until at least 60 days after proof of loss has been filed with the Insurance Company. No action will be brought at all unless brought within 3 years after the time within which proof of loss is required by the policy.

TIME LIMITATIONS. If any time limit set forth in the policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity is less than that permitted by the law of the state in which the Employee lives when the policy is issued, then the time limit provided in the policy is extended to agree with the minimum permitted by the law of that state.

CERTIFICATES. The Insurance Company will issue to the Policyholder for delivery to each insured Employee an individual certificate. The Policyholder will be responsible for distributing the certificates to its Employees. The certificate will show the benefits provided under the policy. It will set forth any changes in benefits due to age and to whom benefits will be paid. Nothing in the certificate will change or void the terms of the policy.

NOTICE OF TERMINATION OF ELIGIBILITY. Written notice of the termination of eligibility of any Employee or Dependent must be given to the Insurance Company within (60) days of the loss of eligibility. If such notice is not received by the Insurance Company within (60) days of the date of loss of eligibility for an Employee or Dependent, then the Employer shall be responsible for all claims for that Employee or Dependent incurred through the (60th) day prior to the Insurance Company's receipt of notice of termination of eligibility for the Employee or Dependent.

AMENDMENT

POLICYHOLDER: [ABC Company]

POLICY NUMBER: [A1234567]

EFFECTIVE DATE OF THIS AMENDMENT: [September 1, 2010]

[ISSUE DATE: [September 1, 2010]]

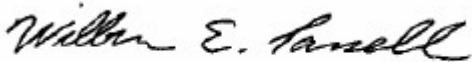
As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below:

[Insert specific amendatory text here.]

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Shermona Mapp, Corporate Secretary



Wilbur E. Parsell, Registrar

ACCEPTED BY:

Policyholder Representative

Title

Date

RIDER

POLICYHOLDER: [ABC Company]

POLICY NUMBER: [A1234567]

EFFECTIVE DATE OF RIDER: [September 1, 2010]

ISSUE DATE OF RIDER: [September 1, 2010]

This Rider is subject to all terms of the policy except those specifically changed by this Rider.

1. The following definitions apply to the policy and this Rider:

- a. "Plan" means the plan established by the Policyholder for a certain Class of Employees.
- b. "Plan Benefits" means the Benefits in the Plan that are listed below for each Class of Employees.

Class of Employees	Benefit	Rate Per Employee	
		For Employee Insurance	For Dependent Insurance
[Each Employee]	[Other Dental Benefits]	[\$XXX.XX]	[\$XXX.XX]

- c. "Policy Month" means the period starting on a monthly Premium Due Date and ending on the day before the next monthly Premium Due Date; except that the first Policy Month starts on the Effective Date of this Rider and the last Policy Month ends on the day this Rider terminates.
- d. "Monthly Amounts" for each Class of Employees for each Benefit means the amount for any Policy Month that equals the number of Employees in that class multiplied by its Rate per Employee for that Policy Month for that Benefit.
- e. "Policy Year" means the period starting on a policy Anniversary Date and ending on the day before the next policy Anniversary Date; except that the first Policy Year starts on the Effective Date of this Rider and the last Policy Year ends on the day this Rider terminates.
- f. "Maximum Monthly Payment" for each Policy Month means the sum, for that Policy Month, of the Monthly Amount for each Class of Employees for each Benefit listed in item 1. b.
- g. "Maximum Yearly Payment" for each Policy Year means the sum of the Maximum Monthly Payments for each Policy Month in that Policy Year.
- h. "Benefit Payment Account" means the bank account of the Policyholder from which Plan Benefit payments for which he is liable are made.

2. The Policyholder is liable each Policy Month for payment of all Plan Benefits up to the sum of:

- a. the greater of:
 - (i) the Maximum Monthly Payment for that month; or

- (ii) 95% of the Maximum Monthly Payment for the preceding Policy Month; and
- b. any excess of:
 - (i) the sum of the Maximum Monthly Payments for each preceding Policy Month of the current Policy Year; over
 - (ii) the sum of the Plan Benefits paid by the Policyholder in such Policy Months.
- 3. The Insurance Company, acting for the Policyholder, will:
 - a. determine the amount of any Plan Benefits that an Employee may be entitled to under item (2) above;
 - b. pay all Plan Benefits so determined; and
 - c. defend any action brought in connection with any claim for Plan Benefits so determined and make such settlement as it deems appropriate.
- 4. The Insurance Company will perform its duties as agent for the Policyholder with reasonable care and diligence and will be liable for any action not taken in good faith.

The Policyholder will not sustain any loss with respect to this Rider because of the dishonest, fraudulent or criminal acts of any employee of the Insurance Company.
- 5. During any Policy Month the Insurance Company is obligated to pay all Plan Benefits that exceed the Plan Benefits the Policyholder has to pay during that Policy Month.
- 6. The Insurance Company will determine the amount of any Plan Benefits which an Employee may be entitled to under item (5) above. It will defend any action brought in connection with any claim for Plan Benefits so determined and make such settlement as it deems appropriate.
- 7. The Policyholder will carry out his obligation to pay Plan Benefits as described in item (2) above by providing sufficient funds in the Benefit Payment Account to pay from it all benefits payable by him under the Plan in a timely manner.
- 8. An Employee making a claim for Plan Benefits shall submit such claim to the Insurance Company, subject to the policy requirements relating to Notice of Claim and Proofs of Loss.
- 9. When any claim for Plan Benefits has been approved, the Insurance Company will determine if such claim or any part of it is an obligation of the Policyholder or of the Insurance Company. Payment of such claim will be made in accordance with this determination which, where made in good faith, will be binding on the Insurance Company and the Policyholder.
- 10. If any payment is approved in relation to a contested claim, the Insurance Company will determine, based on the date payment is actually made, if such payment or any part of it is an obligation of the Policyholder or of the Insurance Company. Benefit payments made in accordance with the terms of any judgement or settlement will be deemed benefits paid to Employees under the Plan for the month in which such judgement or settlement is satisfied.

11. The obligations of the Insurance Company and the Policyholder under this Rider will be mutually exclusive and neither party will be liable for the obligations of the other.
12. The Monthly Premium Rate in the Policy will not apply to any Class of Employees and Benefits affected by this Rider. Instead, the following will be used:

Class of Employees	Benefit	Rate Per Employee	
		For Employee Insurance	For Dependent Insurance
[Each Employee[other than those age 65 or older for whom Medicare is primary payer]]	[Other Dental Benefits]	[\$XXX.XX]	[\$XXX.XX]

[The Experience Protection Benefit is not affected by this Rider; the Monthly Premium Rate in the policy will continue to apply to this benefit.] [Persons age 65 or older for whom Medicare is the primary payer to this plan are not affected by this Rider; the Monthly Premium Rate in the policy will continue to apply to these benefits.]

13. In addition to the premium determined in accordance with item (12) above, a Supplemental Premium will be due on each Monthly Premium Due Date. Payment of such Supplemental Premium will be waived contemporaneously with a subsequent Monthly Supplemental Premium becoming due. The Supplemental Premium outstanding at termination of this Rider will be payable on the date of such termination.

The amount of the Supplemental Premium will be determined by use of a formula agreed upon by the Insurance Company and the Policyholder. In no event will the Supplemental Premium be greater than the amount which the Insurance Company would have accrued in accordance with its normal underwriting practices but for this Rider for both reserves and for premium taxes and expenses associated with claim payments issued after this Rider terminates.

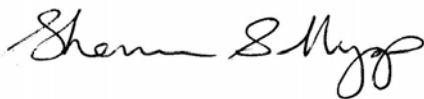
14. The Insurance Company has the right to change the Monthly Premium Rate, the Supplemental Premium, the Monthly Amount, and the Maximum Monthly Payment as of: (a) any policy Anniversary Date; (b) the date of any change in the Plan; (c) except for the Supplemental Premium, the date this Rider terminates; and (d) at such other times as are provided for in the policy.
15. This Rider will automatically terminate on the earliest date below:
- the date the Plan ends;
 - the close of the third consecutive business day during which the Policyholder has failed to provide sufficient funds in the Benefit Payment Account to pay Plan Benefits as they arise. (For the purposes of this item, the close of business on any day will occur at any time when deposits made to the Benefit Payment Account on that day will be credited to it as of the next business day by the bank in which the Benefit Payment Account is maintained.);
 - the date the policy terminates.

In any case this Rider may be terminated by: (a) the Policyholder, on any Premium Due Date, if he

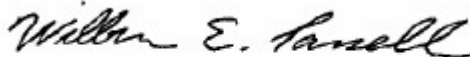
gives written notice in advance of that date to the Insurance Company; and (b) the Insurance Company, at any time, if it gives the Policyholder 31 days' advance notice.

16. When this Rider terminates, the sum of (a), (b) and (c) below will be due and payable without delay by the Policyholder to the Insurance Company;
- a. all unpaid monthly premiums;
 - b. the Supplemental Premium; and
 - c. any excess of:
 - (i) the sum of the Maximum Monthly Payments for each of the Policy Months in the last Policy Year, over
 - (ii) the sum of:
 - (a) all Plan Benefits the Policyholder has paid for such Policy Year; and
 - (b) all Plan Benefits not yet paid at the time of such termination which the Policyholder must pay under the terms of this Rider for such Policy Year.
17. When this Rider terminates, the Policyholder will be responsible for the payment of all Plan Benefits for which checks were issued on the Benefit Payment Account before this Rider terminated, but not for payment of any other Plan Benefits under this Rider after its termination.

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Shermona Mapp, Corporate Secretary



Wilbur E. Parsell, Registrar

ACCEPTED BY:

Policyholder Representative

Title

Date

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[Certification	[1]
[Special Plan Provisions]	[1]
[Important Notices].....	[1]
How To File Your Claim	[1]
Eligibility – Effective Date.....	[1]
Waiting Period	[1]
Employee Insurance.....	[1]
[Dependent Insurance]	[1]
<i>Add the following Important Information item to this TOC when plan design is a CDO/CDO FlexAdvantage</i>	
[Important Information About Your Dental Plan].....	[1]
[Dental Benefits].....	[1]
The Schedule	[1]
Dental Benefits.....	[1]
Covered Dental Expenses	[1]
Dental [Traditional][PPO][EPO] – Participating and Non-Participating Providers.....	[1]
Expenses Not Covered	[1]
General Limitations	[1]
<i>Add the following “Dental Conversion Privilege” for states that Mandate conversion e.g. WA</i>	
[Dental Conversion Privilege].....	[1]
[Coordination of Benefits].....	[1]
[Conditional Claim Payment]	[1]
Payment of Benefits	[1]
Termination of Insurance.....	[1]
Employees.....	[1]
[Dependents].....	[1]
Dental Benefits Extension.....	[1]
When You Have a Complaint or Appeal.....	[1]
Definitions.....	[1]

Home Office: Bloomfield, Connecticut
Mailing Address: Hartford, Connecticut 06152

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a CIGNA company (hereinafter called CIGNA) certifies that it insures certain Employees for the benefits provided by the following policy(s):

POLICYHOLDER: [Insert Policyholder Name]

GROUP POLICY(S) — CIGNA [TRADITIONAL DENTAL COVERAGE][PREFERRED PROVIDER DENTAL COVERAGE]

[Insert Account Number]

EFFECTIVE DATE: [Insert Effective Date]

[Insert Notice if Policyholder is Section 125]

[NOTICE

Any insurance benefits in this certificate will apply to an Employee only if: a) he has elected that benefit; and b) he has a "Final Confirmation Letter," with his name, which shows his election of that benefit.]

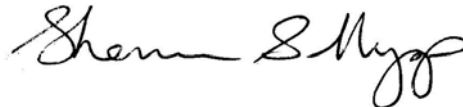
[OR Insert Notice if Policyholder election of process is a "Name" certificate]

[NOTICE

This certificate does not apply to any employees unless this space is covered by a sticker indicating the employee's name and the certificate date.]

This certificate describes the main features of the insurance. It does not waive or alter any of the terms of the policy(s). If questions arise, the policy(s) will govern.

This certificate takes the place of any other issued to you on a prior date which described the insurance.



Shermona Mapp, Corporate Secretary

Special Plan Provisions

Notice of an Appeal or a Grievance

The appeal or grievance provision in this certificate may be superseded by the law of your state. Please see your explanation of benefits for the applicable appeal or grievance procedure.

DISCLOSURE NOTICE [ET – AR PRODUCT RESTRICTIONS: MANDATE FREE BENEFIT PLAN. DISCLOSURE: CERTIFICATE DISCLOSURE]

NOTICE: AS PERMITTED BY §23-79-803, THE POLICYHOLDER HAS SELECTED THIS PLAN WHICH DOES NOT PROVIDE COVERAGE IN ACCORDANCE WITH ONE, SOME OR ALL OF THE REQUIREMENTS FOR ONE OR MORE BENEFITS MANDATED BY THE STATUTES OF THE STATE OF ARKANSAS

STATE MANDATED BENEFITS NOT COVERED IN WHOLE OR IN PART ARE AS FOLLOWS:

Note: Refer to your Policy or Certificate of Insurance for details about covered expenses, non-covered expenses and limited covered expenses. Inclusion on this Disclosure Notice list may not mean that the benefit or service is not covered, but only that coverage may differ in some respect from the statutory requirements:

[Arkansas Mental Health Parity Act, §23-99-501, et. Seq.

Prescription drug benefit, §23-79-149

Provisions generally, unlicensed professionals ("Freedom of Choice") §23-79-114 and Bulletin 9-85]

You are urged to contact your health insurance agent or the Arkansas Insurance Department Consumer Affairs or Legal Division about questions or concerns related to the nature of the state mandated health benefit which is not provided in this health benefits plan.

[HOW TO FILE YOUR CLAIM]

[Insert the appropriate bracketed text based on product selected or the page, in its entirety, may be removed]

[There's no paperwork for In-Network care. Just show your identification card and pay your share of the cost, if any; your provider will submit a claim to [CIGNA] for reimbursement. Out-of-Network claims can be submitted by the provider if the provider is able and willing to file on your behalf.] [If your plan provides coverage when care is received only from In-Network providers, you may still have Out-of-Network claims (for example, when Emergency Services are received from an Out-of-Network provider) and should follow the claim submission instructions for those claims.] [Claims can be submitted by the provider if the provider is able and willing to file on your behalf.] If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim forms from the website listed on your identification card or by calling [Member Services] using the toll-free number on your identification card.

CLAIM REMINDERS

- BE SURE TO USE YOUR MEMBER ID AND ACCOUNT/GROUP NUMBER WHEN YOU FILE [CIGNA's] CLAIM FORMS, OR WHEN YOU CALL YOUR [CIGNA] CLAIM OFFICE.

YOUR MEMBER ID IS THE ID SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

YOUR ACCOUNT/GROUP NUMBER IS SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

- BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE BACK OF THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM [TO CIGNA].

TIMELY FILING [OF OUT-OF-NETWORK CLAIMS]

[CIGNA] will consider claims for coverage under our plans when proof of loss (a claim) is submitted within [one year (365 days)] [180 days for In-Network benefits and one year (365 days) for Out-of-Network benefits] after services are rendered. If services are rendered on consecutive days, such as for a hospital confinement, the limit will be counted from the last date of service. If claims are not submitted within [one year] [180 days for In-Network benefits and one year (365 days) for Out-of-Network benefits], the claim will not be considered valid and will be denied.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.]

Eligibility - Effective Date

Employee Insurance

This plan is offered to you as an Employee.

Eligibility for Employee Insurance

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- you are an eligible, full-time Employee; and
- you normally work at least [15-40] hours a week; and
- you pay any required contribution.

If you were previously insured and your insurance ceased, you must satisfy the [New Employee Group] Waiting Period to become insured again. If your insurance ceased because you were no longer employed in a Class of Eligible Employees, you are not required to satisfy any waiting period if you again become a member of a Class of Eligible Employees within [30 days-one year] after your insurance ceased.

[Initial Employee Group: You are in the Initial Employee Group if you are [employed in a class of employees on the date that class of employees becomes a Class of Eligible Employees as determined by your Employer] [in the employ of an Employer on the Participation Date of the Employer].

New Employee Group: You are in the New Employee Group if [you are not in the Initial Employee Group] [your Employment with an Employer starts after the Participation Date of that Employer].]

[Eligibility for Dependent Insurance

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.]

Waiting Period

Initial Employee Group: [None] [[1-90] Days]

New Employee Group: [None] [[1-90 days] after date of hire] [[1-90] days from the date of Active Service] [First of the month following [1-90] days from the date of Active Service] [The first day of the month following [1-90] days from date of hire]

Classes of Eligible Employees

[Each Employee as reported to the insurance company by your Employer.]

Effective Date of Employee Insurance

You will become insured on the date you elect the insurance by signing an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible. [If you are a Late Entrant, your insurance will not become effective until CIGNA agrees to insure you.]

You will become insured on your first day of eligibility, following your election, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status.

Late Entrant - Employee

You are a Late Entrant if:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you cancel your payroll deduction (if required).

CIGNA may require evidence of good health to be provided at your expense if you are a Late Entrant.

[Dependent Insurance]

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction form (if required), but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included.

If you are a Late Entrant for Dependent Insurance, the insurance for each of your Dependents will not become effective until CIGNA agrees to insure that Dependent.

Your Dependents will be insured only if you are insured.

Late Entrant – Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 30 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction (if required).

CIGNA may require evidence of your Dependent's good health at your expense if you are a Late Entrant.

Exception for Newborns

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 90 days after his birth. If you do not elect to insure your newborn child within such 90 days, coverage for that child will end on the 90th day. No benefits for expenses incurred beyond the 90th day will be payable.]

Eligibility - Effective Date

[Late Entrant Limit

[Option 1]

[Do not include Option 1 Late Entrant Limit if Employee/Dependent pays no part of the cost or if Plan is limited to Class I Only or Class I & II Only. The Late Entrant Limit must match waiting period Option for Missing Teeth]

[Coverage for late entrants:

- Class I and Class II services are paid at the amounts set forth in The Schedule.
- All other classes of service are paid at 50% of the amounts set forth in The Schedule.

[Insert 12 or 24 based on Plan Election]

- After a person has been continuously insured for [12][24] months, this limit no longer applies.]

[Option 2]

[Insert 12 or 24 based on Plan Election]

[During the first [12][24] consecutive months of coverage, your dental benefits will be limited to "Preventive Services" on the list of procedures shown on the "Dental Services Schedule."]

[Option 3]

[Your Employer will not allow you to enroll for dental insurance until the next Open Enrollment period.]

ELIGIBILITY — EFFECTIVE DATE

Eligibility for Employee Insurance

You will become eligible for Supplemental Dental Benefits on the day you are eligible under your Employer-Sponsored Dental Benefits Plan(s) if you are in a Class of Eligible Employees.

[Eligibility for Dependent Insurance

You will become eligible for Supplemental Dental Benefits for Dependents on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.]

Classes of Eligible Employees

[Each Employee as reported to the insurance company by your Employer.]

Employee Supplemental Dental Benefits

This Plan is offered to you as an Employee.

Effective Date of Your Supplemental Dental Benefits

You will become insured on the date you elect the insurance by signing an approved payroll deduction form (if required), but no earlier than the date you become eligible.

[Dependent Supplemental Dental Benefits

For your Dependents to be insured, you may have to pay part of the cost of Dependent Supplemental Dental Benefits.

Effective Date of Your Supplemental Dental Benefits for Your Dependents

Supplemental Dental Benefits for your Dependents will become effective on the date you elect them by signing an approved payroll deduction form (if required), but no earlier than the date you become eligible for them. All of your Dependents as defined by the terms of your Employer-Sponsored Dental Benefits Plan(s) will be included.

Your Dependents will be insured only if you are insured.]

[Insert Important Information paragraph when plan has a CDO (Combined Dental Option) Plan or a CDO FlexAdvantage Plan]

[Insert appropriate text for CDO or CDO FlexAdvantage]

[Important Information about [the CignaFlex Advantage][Your] Dental Plan]

When you elected Dental Insurance for yourself and your Dependents, you elected one of the [two][three] options offered:

[Insert appropriate product names based on CDO Product selection]

- [CIGNA Dental Preferred Provider; or]
- [CIGNA Traditional Dental]

[Insert appropriate option if CDO Certificate is combined or separate]

Details of the benefits under each of the options are described in [the following pages][separate certificates/booklets].

When electing an option initially or when changing options as described below, the following rules apply:

- **You and your Dependents may enroll for only one of the options, not for both options.**
- **Your Dependents will be insured only if you are insured and only for the same option.**

[Insert the following two paragraphs for a CDO Plan, do not use if CDO FlexAdvantage]

[Change in Option Elected]

If your plan is subject to Section 125 (an IRS regulation), you are allowed to change options only at Open Enrollment or when you experience a “Life Status Change.”

If your plan is not subject to Section 125 you are allowed to change options at any time.

Consult your plan administrator for the rules that govern your plan.

[Effective Date of Change]

If you change options during open enrollment, you (and your Dependents) will become insured on the effective date of the plan. If you change options other than at open enrollment (as allowed by your plan), you will become insured on the first day of the month after the transfer is processed.]

[Insert the following paragraph for a CDO FlexAdvantage Plan, do not use if plan is CDO]

[Change in Option Elected]

You may elect to change your CIGNAFlex Advantage dental option at any time. Requests received by the 15th day of the month will be processed for the first day of the following month. For plan information or to switch options, call CIGNA Dental at 1-800-481-1213.]

CIGNA DENTAL PREFERRED PROVIDER INSURANCE

The Schedule

For You and Your Dependents

The Schedule

Use the following box for Non-Passive Dental PPO plans

The Dental Benefits Plan offered by your Employer includes two options. When you select a Participating Provider, this plan pays a greater share of the cost than if you were to select a Non-Participating Provider.

Use the following box for Passive Dental PPO plans

The Dental Benefits Plan offered by your Employer includes Participating and Non-Participating Providers. If you select a Participating Provider, your cost will be less than if you select a Non-Participating Provider.

Emergency Services

Use the following box for Non-Passive Dental PPO plans

The Benefit Percentage for Emergency Services incurred for charges made by a Non-Participating Provider is the same Benefit Percentage as for Participating Provider Charges. Dental Emergency services are required immediately to either alleviate pain or to treat the sudden onset of an acute dental condition. These are usually minor procedures performed in response to serious symptoms, which temporarily relieve significant pain, but do not effect a definitive cure, and which, if not rendered, will likely result in a more serious dental or medical complication.

Use the following box for Passive Dental PPO plans

The Benefit Percentage payable for Emergency Services charges made by a Non-Participating Provider is the same Benefit Percentage as for Participating Provider Charges. Dental Emergency services are required immediately to either alleviate pain or to treat the sudden onset of an acute dental condition. These are usually minor procedures performed in response to serious symptoms, which temporarily relieve significant pain, but do not effect a definitive cure, and which, if not rendered, will likely result in a more serious dental or medical complication.

Use the following with Dental Deductibles

Deductibles

Deductibles are expenses to be paid by you or your Dependent. Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached you and your family need not satisfy any further dental deductible for the rest of that year.

Participating Provider Payment

Participating Provider services are paid based on the Contracted Fee agreed upon by the provider and CHLIC.

Non-Participating Provider Payment

Use box below for MRC DPPO plans *{Insert Percentile based on Policyholder election}*

Non-Participating Provider services are paid based on the Maximum Reimbursable Charge. For this plan, the Maximum Reimbursable Charge is calculated at the [50th-95th] percentile of all provider charges in the geographic area.

Use box below for MAC (Contracted Fee) plans

Non-Participating Provider services are paid based on the Contracted Fee.

Use box below for Scheduled plans

Non-Participating Provider services are paid based on the amounts in the Dental Services Schedule.

Use box below if plan includes Carryover Provision

Standard Carryover Provision

Dental Expenses that were incurred and applied toward the Individual or Family Deductible during the last 3 months of the calendar year will be applied toward the next year's Deductible.

Use the following 3 boxes below if Plan Deductibles and Maximums Cross Accumulate
Simultaneous Accumulation of Amounts
Expenses incurred for either Participating or non-Participating Provider charges will be used to satisfy both the Participating and non-Participating Provider Deductibles shown in the Schedule.
Benefits paid for Participating and non-Participating Provider services will be applied toward both the Participating and non-Participating Provider maximum shown in the Schedule.

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if Annual Maximums are not combined INN and OON for Classes I, II, III[, IV][, V,] [IX]		
<i>Use for plans with Classes I, II, III[, IV][, V,] [IX]</i> Classes I, II, III[, IV,][V,][IX] [Calendar][Contract] Year Maximum <i>Use for plans with Classes I and II Only</i> Classes I and II [Calendar][Contract] Year Maximum <i>Use for plans with Class I Only</i> Class I [Calendar][Contract] Year Maximum	<i>Use for plans with no INN Maximum</i> [Not Applicable] <i>Use for plans with INN Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Maximum for Class I INN</i> [Does not apply to Class I] <i>Use for plans that elect the Progressive Maximum feature</i> [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]	<i>Use for plans with no OON Maximum</i> [Not Applicable] <i>Use for plans with OON Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Maximum for Class I OON</i> [Does not apply to Class I] <i>Use for plans that elect the Progressive Maximum feature</i> [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]
Use box below if Annual Maximums are combined INN and OON for Classes I, II, III[, IV][, V][, IX]		
<i>Use for plans with Classes I, II, III[, IV][, V][, IX]</i> Classes I, II, III[, IV,][V][, IX] [Calendar][Contract] Year Maximum <i>Use for plans with Classes I and II Only</i> Classes I and II [Calendar][Contract] Year Maximum <i>Use for plans with Class I Only</i> Class I [Calendar][Contract] Year Maximum	<i>Use for plans with No Maximum</i> [Not Applicable] <i>Use for plans with Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Maximum for Class I</i> [Does not apply to Class I] <i>Use for plans that elect the Progressive Maximum feature</i> [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]	
Use one of the two boxes below for separate procedure Maximum		
[Contract][Calendar] Separate Procedure Maximum [A specific procedure or group of procedures will be listed here when Policyholder request a separate maximum on a specific procedure or group of procedures to help reduce costs.]	<i>Use for plans with no INN Maximum</i> [Not Applicable] <i>Use for plans with INN Maximum</i> \$[200 – 10,000] {in increments of \$25}	<i>Use for plans with OON Maximum</i> \$[200 – 10,000] {in increments of \$25}
[A specific procedure or group of procedures will be listed here when Policyholder request a separate maximum on a specific procedure or group of procedures to help reduce costs.]	<i>Use for plans with Maximum</i> \$[200 – 10,000] {in increments of \$25}	

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if Class IV Optional Buy-Up is elected and Annual Maximums are not combined INN and OON for Class IV.		
[Class IV [Calendar][Contract] Year Maximum	<i>Use for plans with INN Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IV Maximum INN</i> [Not Applicable]	<i>Use for plans with OON Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IV Maximum OON</i> [Not Applicable]
Use box below if Class IV Optional Buy-Up is elected and Annual Year Maximums are combined INN and OON for Class IV.		
[Class IV [Calendar][Contract] Year Maximum	<i>Use for plans with Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IV Maximum</i> [Not Applicable]	
Use box below if Class V Optional Buy-Up is elected and Annual Maximums are not combined INN and OON for Class V		
[Class V [Calendar][Contract] Year Maximum	<i>Use for plans with INN Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class V Maximum INN</i> [Not Applicable]	<i>Use for plans with OON Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class V Maximum OO</i> [Not Applicable]
Use box below if Class V Optional Buy-Up is elected and Annual Maximums are combined INN and OON for Class V		
[Class V [Calendar][Contract] Year Maximum	<i>Use for plans with Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class V Maximum</i> [Not Applicable]	
Use box below if Class IX Optional Buy-Up is elected and Annual Maximums are not combined INN and OON for Class IX		
[Class IX [Calendar][Contract] Year Maximum	<i>Use for plans with INN Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IX Maximum INN</i> [Not Applicable]	<i>Use for plans with OON Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IX Maximum OON</i> [Not Applicable]
Use box below if Class IX Optional Buy-Up is elected and Annual Year Maximums are combined INN and OON for Class IX		
[Class IX [Calendar][Contract] Year Maximum	<i>Use for plans with Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IX Maximum</i> [Not Applicable]	
Use box below if Class IV Optional Buy-Up is elected and plan includes Class IV Lifetime Maximum INN and/or OON		
[Class IV Lifetime Maximum	<i>Use for plans with Class IV Maximum INN</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IV Maximum INN</i> [Not Applicable]	<i>Use for plans with Class IV Maximum OON</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IV Maximum OON</i> [Not Applicable]

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if Class V Optional Buy-Up is elected and plan includes Class V Lifetime Maximum INN and/or OON		
[Class V Lifetime Maximum	<i>Use for plans with Class V Maximum INN</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class V Maximum INN</i> [Not Applicable]	<i>Use for plans with Class V Maximum OON</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class V Maximum OON</i> [Not Applicable]
Use box below if Class IX Optional Buy-Up is elected and plan includes Class IX Lifetime Maximum INN and/or OON		
[Class IX Lifetime Maximum	<i>Use for plans with Class IX Maximum INN</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IX Maximum INN</i> [Not Applicable]	<i>Use for plans with Class IX Maximum OON</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IX Maximum OON</i> [Not Applicable]

BENEFIT HIGHLIGHTS		PARTICIPATING PROVIDER		NON-PARTICIPATING PROVIDER	
Use box below if Plan Deductibles are the same INN and OON					
[Calendar][Contract] Year Deductible					
Individual		<div>Use for plans with Individual Deductible</div> <div>\$[0 – 250] {in increments of \$25}per person</div> <div>Use for plans with no Individual Deductible for Class I</div> <div>[Not Applicable to Class I]</div> <div>Use for plans with no Individual Deductible</div> <div>[Not Applicable]</div>			
Family Maximum		<div>Use for plans with Family Deductible</div> <div>\$[0 – 750] {in increments of \$25}per family</div> <div>Use for plans with no Family Deductible for Class I</div> <div>[Not Applicable to Class I]</div> <div>Use for plans with no Family Deductible</div> <div>[Not Applicable]</div>			
Use box below if Plan Deductibles are different INN and OON					
[Calendar][Contract] Year Deductible					
Individual		<div>Use for plans with INN Individual Deductible</div> <div>\$[0 – 250] {in increments of \$25}per person</div> <div>Use for plans with no INN Individual Deductible for Class I</div> <div>[Not Applicable to Class I]</div> <div>Use for plans with no INN Individual Deductible</div> <div>[Not Applicable]</div>		<div>Use for plans with OON Individual Deductible</div> <div>\$[0 – 250] {in increments of \$25}per person</div> <div>Use for plans with no ONN Individual Deductible for Class I</div> <div>[Not Applicable to Class I]</div> <div>Use for plans with no OON Individual Deductible</div> <div>[Not Applicable]</div>	
Family Maximum		<div>Use for plans with INN Family Deductible</div> <div>\$[0 – 750] {in increments of \$25}per family</div> <div>Use for plans with no INN Family Deductible for Class I</div> <div>[Not Applicable to Class I]</div> <div>Use for plans with no INN Family Deductible</div> <div>[Not Applicable]</div>		<div>Use for plans with Family OON Deductible</div> <div>\$[0 – 750] {in increments of \$25}per family</div> <div>Use for plans with no ONN Family Deductible for Class I</div> <div>[Not Applicable to Class I]</div> <div>Use for plans with no OON Family Deductible</div> <div>[Not Applicable]</div>	

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use one of the two boxes below for separate procedure Deductible		
[Contract][Calendar] Separate Procedure Deductible [A specific procedure or group of procedures will be listed here when Policyholder request a separate deductible on a specific procedure or group of procedures to help reduce costs.]	<i>Use for plans with no INN Deductible</i> [Not Applicable] <i>Use for plans with INN Deductible</i> \$[0 – 750] {in increments of \$25}	<i>Use for plans with OON Deductible</i> \$[0 – 750] {in increments of \$25}
[A specific procedure or group of procedures will be listed here when Policyholder request a separate deductible on a specific procedure or group of procedures to help reduce costs.]	<i>Use for plans with Deductible</i> \$[0 – 750] {in increments of \$25}	
Use box below if Class IV Optional Buy-Up is elected and subject to a separate Class IV Deductible		
<i>Use for Annual Class IV Deductible</i> [Calendar][Contract] Year Class IV Deductible <i>Use for Lifetime Class IV Deductible</i> Lifetime Class IV Deductible	<i>Use for plans with INN Class IV Deductible</i> \$[25 – 500] {in increments of \$25} <i>Use for plans with no INN Class IV Deductible</i> [Not Applicable]	<i>Use for plans with OON Class IV Deductible</i> \$[25 – 500] {in increments of \$25} <i>Use for plans with no OON Class IV Deductible</i> [Not Applicable]
Use box below if Class V Optional Buy-Up is elected and subject to a separate Class V Deductible		
<i>Use the for Annual Class V Deductible</i> [Calendar][Contract] Year Class V Deductible <i>Use for Lifetime Class V Deductible</i> Lifetime Class V Deductible	<i>Use for plans with INN Class V Deductible</i> \$[25 – 500] {in increments of \$25} <i>Use for plans with no INN Class V Deductible</i> [Not Applicable]	<i>Use for plans with OON Class V Deductible</i> \$[25 – 500] {in increments of \$25} <i>Use for plans with no OON Class V Deductible</i> [Not Applicable]

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if Class IX Optional Buy-Up is elected and subject to a separate Class IX Deductible		
<p><i>Use the for Annual Class IX Deductible</i> [Calendar][Contract] Year Class IX Deductible</p> <p><i>Use for Lifetime Class IX Deductible</i> Lifetime Class IX Deductible</p>		
Individual	<p><i>Use for plans with INN Individual Deductible</i> \$[25 – 500] {in increments of \$25} per person</p> <p><i>Use for plans with no INN Individual Deductible</i> [Not Applicable]</p>	<p><i>Use for plans with OON Individual Deductible</i> \$[25 – 500] {in increments of \$25} per person</p> <p><i>Use for plans with no OON Individual Deductible</i> [Not Applicable]</p>
Family Maximum	<p><i>Use for plans with INN Family Deductible</i> \$[25 – 1,500] {in increments of \$25} per family</p> <p><i>Use for plans with no INN Family Deductible</i> [Not Applicable]</p>	<p><i>Use for plans with Family OON Deductible</i> \$[25 – 1,500] {in increments of \$25} per family</p> <p><i>Use for plans with no OON Family Deductible</i> [Not Applicable]</p>
Class I		
<p>Preventive Care</p> <p>[Oral Exams] [Routine Cleanings] [Routine X-rays] [Non-Routine X-rays] [Fluoride Application] [Sealants] [Space Maintainers (non-orthodontic)] [Emergency Care to Relieve Pain]</p> <p>Class I Services may be further limited based on Policyholder request</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% } [after plan deductible]</p> <p><i>Use for Scheduled plans</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule , subject to the plan deductible]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% } [after plan deductible]</p> <p><i>Use for Scheduled plans</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule , subject to the plan deductible]</p>
<p>[A specific procedure or group of procedures will be listed here (moved from above) when Policyholder request a different coinsurance amount for a specific Class I procedure or group of procedures to help reduce costs.]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% } [after plan deductible]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% } [after plan deductible]</p>

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if plan includes Class II Services (plans may be limited to Class I Only)		
[Class II]		
Basic Restorative [Fillings] [Root Canal Therapy / Endodontics] [Minor Periodontics] [Major Periodontics] [Oral Surgery, Simple Extractions] [Oral Surgery, All Except Simple Extractions] [Surgical Extraction of Impacted Teeth] [Relines, Rebases, and Adjustments] [Repairs - Bridges, Crowns, and Inlays] [Repairs – Dentures] [Anesthetics]	<i>Use for Combination, Contracted Fee (MAC), MRC plans (Do Not Use for plans with Class II Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [25-100]% {in increments of 5% }[after plan deductible] <i>Use for Scheduled plans(Do Not Use for plans with Class II Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule , subject to the plan deductible] <i>Use for plans with Class II Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design</i> [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]	<i>Use for Combination, Contracted Fee (MAC), MRC plans (Do Not Use for plans with Class II Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [25-100]% {in increments of 5% }[after plan deductible] <i>Use for Scheduled plans(Do Not Use for plans with Class II Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the plan deductible] <i>Use for plans with Class II Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design</i> [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]
[A specific procedure or group of procedures will be listed here (moved from above) when Policyholder request a different coinsurance amount for a specific Class I procedure or group of procedures to help reduce costs.]	<i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]	<i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if plan includes Class III Services (plans may be limited to Class I Only or Class I and II Only)		
[Class III]		
<p>Major Restorative</p> <p>[Crowns / Inlays / Onlays] [Prosthesis Over Implant] [Dentures] [Bridges] <i>Use the following when implants are covered under Class III</i> [Implants]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans (Do Not Use for plans with Class III Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>Use for Scheduled plans(Do Not Use for plans with Class III Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the plan deductible]</p> <p><i>Use for plans with Class III Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design</i> [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans (Do Not Use for plans with Class III Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>Use for Scheduled plans(Do Not Use for plans with Class III Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design)</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule , subject to the plan deductible]</p> <p><i>Use for plans with Class III Dental Services subject to Progressive/Regressive Coinsurance or Progressive Only plan design</i> [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]</p>
<p>[A specific procedure or group of procedures will be listed here (moved from above) when Policyholder request a different coinsurance amount for a specific Class I procedure or group of procedures to help reduce costs.]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]</p>

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if plan includes Class IV Dental Services		
Class IV		
Orthodontia	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans subject to plan deductible</i> [25-100]% {in increments of 5% }[after plan deductible] <i>subject to separate deductible</i> [25-100]% {in increments of 5% }after separate Class IV deductible <i>no deductible</i> [25-100]% {in increments of 5% }</p> <p><i>Use for Scheduled plans subject to plan deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the plan deductible]</p> <p><i>Use for Scheduled plans not subject to deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule]</p> <p><i>Use for Scheduled plans subject to separate deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the separate Class IV deductible]</p>	<p><i>Use for Combination, Contracted Fee (MAC), MRC plans subject to plan deductible</i> [25-100]% {in increments of 5% }[after plan deductible] <i>subject to separate deductible</i> [25-100]% {in increments of 5% }after separate Class IV deductible <i>no deductible</i> [25-100]% {in increments of 5% }</p> <p><i>Use for Scheduled plans subject to plan deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the plan deductible]</p> <p><i>Use for Scheduled plans not subject to deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule]</p> <p><i>Use for Scheduled plans subject to separate deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the separate Class IV deductible]</p>
Use box below if Class IV Dental Services applies only to a Dependent Child less than a certain age		
Class IV Orthodontia applies only to a Dependent Child less than [19-30] {standard is 19} years of age.		

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Use box below if Class IV Dental Services applies only to a Dependent Child with no age limit		
Class IV Orthodontia applies only to a Dependent Child.		
Use box below if plan includes Class V Dental Services		
Class V		
TMJ	<p><i>Use for subject to plan deductible</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>subject to separate deductible</i> [25-100]% {in increments of 5% }after separate Class V deductible</p> <p><i>no deductible</i> [25-100]% {in increments of 5% }</p> <p><i>Use for Scheduled plans subject to plan deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the plan deductible]</p> <p><i>Use for Scheduled plans not subject to deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule]</p> <p><i>Use for Scheduled plans subject to separate deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the separate Class IV deductible]</p>	<p><i>Use for subject to plan deductible</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>subject to separate deductible</i> [25-100]% {in increments of 5% }after separate Class V deductible</p> <p><i>no deductible</i> [25-100]% {in increments of 5% }</p> <p><i>Use for Scheduled plans subject to plan deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the plan deductible]</p> <p><i>Use for Scheduled plans not subject to deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule]</p> <p><i>Use for Scheduled plans subject to separate deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the separate Class IV deductible]</p>
Use box below if plan includes Class IX Dental Services		
Class IX		
Implants	<p><i>Use for all products subject to plan deductible</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>subject to separate deductible</i> [25-100]% {in increments of 5% }after separate Class IX deductible</p> <p><i>no deductible</i> [25-100]% {in increments of 5% }</p>	<p><i>Use for all products subject to plan deductible</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>subject to separate deductible</i> [25-100]% {in increments of 5% }after separate Class IX deductible</p> <p><i>no deductible</i> [25-100]% {in increments of 5% }</p>

Use the following page for plans which elect Progressive Maximum plan design with a Combined Maximum

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

If a covered person obtains Class I services in the prior [Contract Year][Calendar Year][12 months], the annual maximum progresses to the next level.

The increase applies to both Participating Provider and non-Participating Provider annual maximums.

LEVELS	ANNUAL MAXIMUM
Level 1	\$[1,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}
Level 2	\$[1,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}
Use if Level 3 included	
Level 3	\$[2,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}
Use if Level 4 included	
Level 4	\$[2,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}

Use the following page for DPPO plans which elect Progressive Maximum plan design without a Combined Maximum

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

If a covered person obtains Class I services in the prior [Contract Year][Calendar Year][12 Months] the annual maximum progresses to the next level.

The increase applies to both Participating Provider and non-Participating Provider annual maximums.

LEVELS	PARTICIPATING PROVIDER ANNUAL MAXIMUM	NON-PARTICIPATING PROVIDER ANNUAL MAXIMUM
Level 1	\$[1,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}	\$[1,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}
Level 2	\$[1,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}	\$[1,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}
Use if Level 3 is included		
Level 3	\$[2,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}	\$[2,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}
Use if Level 4 is included		
Level 4	\$[2,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}	\$[2,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}

Use the following page for DPPO plans which elect Progressive Only plan design for Class II services

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

The plan coinsurance percentage for Class II services increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year][12 Months].

The increase applies to both Participating Provider and non-Participating Provider coinsurance.

LEVELS	PARTICIPATING PROVIDER CLASS II COINSURANCE	NON-PARTICIPATING PROVIDER CLASS II COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[40]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]

Level 2	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 3 included		
Level 3	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 4 included		
Level 4	[80]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]

Use the following page for DPPO plans which elect Progressive Only plan design for Class III services

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

The plan coinsurance percentage for Class III services increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year][12 Months].

The increase applies to both Participating Provider and non-Participating Provider coinsurance.

LEVELS	PARTICIPATING PROVIDER CLASS III COINSURANCE	NON-PARTICIPATING PROVIDER CLASS III COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[40]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Level 2	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 3 included		
Level 3	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 4 included		
Level 4	[80]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]

Use the following page for DPPO plans which elect Progressive/Regressive plan design for Class II services

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

The plan coinsurance percentage for Class II services:

- increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year] [12 Months]; or
- decreases *Use if Class II Coinsurance reverts to Level I* [to Level 1] *Use if Class II Coinsurance reverts one level* [one level] if the covered person does not obtain Class I services in the prior [Contract Year][Calendar Year][12 Months]

The increase applies to both Participating Provider and non-Participating Provider coinsurance.

LEVELS	PARTICIPATING PROVIDER CLASS II COINSURANCE	NON-PARTICIPATING PROVIDER CLASS II COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[40]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Level 2	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 3 included		
Level 3	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 4 included		

Level 4	[80]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
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Use the following page for DPPO plans which elect Progressive/Regressive plan design for Class III services

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

The plan coinsurance percentage for Class III services:

- increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year][12 Months]; or
- decreases *Use if Class III Coinsurance reverts to Level 1* [to Level 1] *Use if Class III Coinsurance reverts one level* [one level] if the covered person does not obtain Class I services in the prior [Contract Year][Calendar Year][12 Months]

The increase applies to both Participating Provider and non-Participating Provider coinsurance.

LEVELS	PARTICIPATING PROVIDER CLASS III COINSURANCE	NON-PARTICIPATING PROVIDER CLASS III COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[40]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Level 2	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 3 included		
Level 3	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Use if Level 4 included		
Level 4	[80]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]

CIGNA TRADITIONAL DENTAL INSURANCE

The Schedule

For You and Your Dependents

The Schedule

Include the following with Dental Deductibles

Deductibles

Deductibles are expenses to be paid by you or your Dependent. Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached you and your family need not satisfy any further dental deductible for the rest of that year.

Use the following boxes for Indemnity MRC or Indemnity Scheduled plans as applicable

Benefit Payment

Use the following box for MRC Indemnity Dental plans *{Insert Percentile based on Policyholder election}*

Services are paid based on the Maximum Reimbursable Charge. For this plan, the Maximum Reimbursable Charge is calculated at the [50th-95th] percentile of all provider charges in the geographic area.

Use the following box for Scheduled Indemnity Dental plans

Services are paid based on the amounts in the Dental Services Schedule.

Use box below if plan includes Carryover Provision

Standard Carryover Provision

Dental Expenses that were incurred and applied toward the Individual or Family Deductible during the last 3 months of the calendar year will be applied toward the next year's Deductible.

BENEFIT HIGHLIGHTS

Use for plans with Classes I, II, III[, IV][, V][, IX]
Classes I, II, III[, IV][, V][, IX]
[Calendar][Contract] Year Maximum

Use for plans with Classes I and II Only
Classes I and II [Calendar][Contract] Year Maximum

Use for plans with Class I Only
Class I [Calendar][Contract] Year Maximum

Use the following for plans WHICH DO NOT INCLUDE the Progressive Maximum feature:

[Not Applicable]
 \$[200 – 10,000] {in increments of \$25}

Use for plans with no Maximum for Class I INN
 [Does not apply to Class I]

Use the following for plans with Progressive Maximum feature:
 [Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information]

Use box below if plan includes separate procedure Maximum

[Contract][Calendar] Separate Procedure Maximum
 [A specific procedure or group of procedures will be listed here when Policyholder request a separate maximum on a specific procedure or group of procedures to help reduce costs.]

Use for plans with Maximum
 \$[200 – 10,000] {in increments of \$25}

Use box below if plan includes Class IV Annual Maximum

[Class IV [Contract][Calendar] Year Maximum

Use for plans with Maximum
 \$[200 – 10,000] {in increments of \$25}

Use for plans with no Class IX Maximum
 [Not Applicable]]

Use box below if plan includes Class V Annual Maximum

[Class V [Contract][Calendar] Year Maximum

Use for plans with Maximum
 \$[200 – 10,000] {in increments of \$25}

Use for plans with no Class IX Maximum
 [Not Applicable]]

Use box below if plan includes Class IX Annual Maximum

[Class IX [Contract][Calendar] Year Maximum

Use for plans with Maximum
 \$[200 – 10,000] {in increments of \$25}

Use for plans with no Class IX Maximum
 [Not Applicable]]

Use box below if plan includes Class IV Dental Services subject to a Lifetime Maximum

[Class IV Lifetime Maximum

Use for plans with Maximum
 \$[200 – 10,000] {in increments of \$25}

Use for plans with no Class IV Maximum
 [Not Applicable]]

Use box below if plan includes Class V Dental Services subject to a Lifetime Maximum

BENEFIT HIGHLIGHTS	
[Class V Lifetime Maximum]	<i>Use for plans with Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class V Maximum</i> [Not Applicable]]
Use box below if plan includes Class IX Dental Services subject to a Lifetime Maximum	
[Class IX Lifetime Maximum]	<i>Use for plans with Maximum</i> \$[200 – 10,000] {in increments of \$25} <i>Use for plans with no Class IX Maximum</i> [Not Applicable]]
Use box below when Plan Deductible applies	
[Contract][Calendar] Year Deductible Individual	<i>Use for plans with Individual Deductible</i> \$[0 – 250] {in increments of \$25} per person <i>Use for plans with no Individual Deductible for Class I</i> [Not Applicable to Class I] <i>Use for plans with no Individual Deductible</i> [Not Applicable]
Family Maximum	<i>Use for plans with Family Deductible</i> \$[0 – 750] {in increments of \$25} per family <i>Use for plans with no Family Deductible for Class I</i> [Not Applicable to Class I] <i>Use for plans with no Family Deductible</i> [Not Applicable]
Use box below if plan includes separate procedure Deductible	
[Contract][Calendar] Separate Procedure Deductible [A specific procedure or group of procedures will be listed here when Policyholder request a separate deductible on a specific procedure or group of procedures to help reduce costs.]	<i>Use for plans with Deductible</i> \$[25-500] {in increments of \$25}
Use box below with Class IV Dental Services subject to a separate Class IV Deductible	
<i>Use for Annual Class IV Deductible</i> [Contract][Calendar] Year Class IV Deductible <i>Use for Lifetime Class IV Deductible</i> Lifetime Class IV Deductible	<i>Use for plans with Class IV Deductible</i> \$[25 – 500] {in increments of \$25} <i>Use for plans with no Class IV Deductible</i> [Not Applicable]
Use box below with Class V Dental Services subject to a separate Class V Deductible	

BENEFIT HIGHLIGHTS

<p><i>Use for Annual Class V Deductible</i> [Contract][Calendar] Year Class V Deductible <i>Use for Lifetime Class V Deductible</i> Lifetime Class V Deductible</p>	<p><i>Use for plans with Class V Deductible</i> \$[25 – 500] {in increments of \$25} <i>Use for plans with no Class V Deductible</i> [Not Applicable]</p>
<p>Use box below with Class IX Dental Services subject to a separate Class IX Deductible</p>	
<p><i>Use for Annual Class IX Deductible</i> [Contract][Calendar] Year Class IX Deductible <i>Use for Lifetime Class IX Deductible</i> Lifetime Class IX Deductible</p>	<p><i>Use for plans with Class IX Deductible</i> \$[25 – 500] {in increments of \$25} <i>Use for plans with no Class IX Deductible</i> [Not Applicable]</p>
<p>Class I</p>	
<p>Preventive Care</p> <p>[Oral Exams] [Routine Cleanings] [Routine X-rays] [Non-Routine X-rays] [Fluoride Application] [Sealants] [Space Maintainers (non-orthodontic)] [Emergency Care to Relieve Pain]</p> <p>Class I Services may be further limited based on Policyholder request</p>	<p><i>Use the following for Combination or MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>Use the following for Scheduled plans</i> The Maximum Covered Expense amount shown in the Dental Services Schedule [subject to the plan deductible]</p>
<p>[A specific procedure or group of procedures will be listed here (moved from above) when Policyholder request a different coinsurance amount for a specific Class I procedure or group of procedures to help reduce costs.]</p>	<p><i>Use for Combination or MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]</p>
<p>Use box below if plan includes Class II Services (plans may be limited to Class I Only)</p>	
<p>Class II</p>	
<p>Basic Restorative</p> <p>[Fillings] [Root Canal Therapy / Endodontics] [Minor Periodontics] [Major Periodontics] [Oral Surgery, Simple Extractions] [Oral Surgery, All Except Simple Extractions] [Surgical Extraction of Impacted Teeth] [Relines, Rebases, and Adjustments] [Repairs - Bridges, Crowns, and Inlays] [Repairs – Dentures] [Anesthetics]</p>	<p><i>Use the following for Combination or MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]</p> <p><i>Use the following for Scheduled plans</i> The Maximum Covered Expense amount shown in the Dental Services Schedule [, subject to the plan deductible]</p> <p><i>Use the following for Progressive/Regressive Coinsurance or Progressive Only Coinsurance plans for Class II services:</i> Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information</p>
<p>[A specific procedure or group of procedures will be listed here (moved from above) when Policyholder request a different coinsurance amount for a specific Class I procedure or group of procedures to help reduce costs.]</p>	<p><i>Use for Combination or MRC plans</i> [25-100]% {in increments of 5% }[after plan deductible]</p>

BENEFIT HIGHLIGHTS

Use box below if plan includes Class III Services (plans may be limited to Class I Only or Class I and II Only)

Class III

Major Restorative *include the following if Implants are covered under Class III* (Includes coverage for Implants)

[Crowns / Inlays / Onlays]
[Prosthesis Over Implant]
[Dentures]
[Bridges]

Use the following when implants are covered under Class III
[Implants]

Use the following for Combination or MRC plans
[25-100]% {in increments of 5% } [after plan deductible]

Use the following for Scheduled plans

The Maximum Covered Expense amount shown in the Dental Services Schedule [, subject to the plan deductible]

Use the following Progressive/Regressive Coinsurance or Progressive Only Coinsurance plans for Class III services:

Refer to the section of this Schedule entitled “Wellness Incentive Plan” for more information

[A specific procedure or group of procedures will be listed here (moved from above) when Policyholder request a different coinsurance amount for a specific Class I procedure or group of procedures to help reduce costs.]

Use for Combination or MRC plans

[25-100]% {in increments of 5% } [after plan deductible]

Use box below if plan includes Class IV Dental Services

Class IV

Orthodontia

Use the following for Combination or MRC plans subject to plan deductible

[25-100]% {in increments of 5% } [after plan deductible]

subject to separate deductible

[25-100]% {in increments of 5% } after separate Class IV deductible

no deductible

[25-100]% {in increments of 5% }

Use the following for Scheduled plans

The Maximum Covered Expense amount shown in the Dental Services Schedule [, subject to the plan deductible][subject to separate Class IV deductible]

Use box below if Class IV Dental Services applies only to a Dependent Child less than a certain age

Class IV Orthodontia applies only to a Dependent Child less than [19-30] years of age. {standard is 19}

Use box below if Class IV Dental Services applies only to a Dependent Child with no age limit

Class IV Orthodontia applies only to a Dependent Child.

BENEFIT HIGHLIGHTS

Use box below if plan includes Class V Dental Services

Class V	
TMJ	<p><i>Use for all products subject to plan deductible</i> [25-100]% {in increments of 5% } [after plan deductible]</p> <p><i>subject to separate deductible</i> [25-100]% {in increments of 5% } after separate Class V deductible</p> <p><i>no deductible</i> [25-100]% {in increments of 5% }</p> <p><i>Use for Scheduled plans subject to plan deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the plan deductible]</p> <p><i>Use for Scheduled plans not subject to deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule]</p> <p><i>Use for Scheduled plans subject to separate deductible</i> [The Maximum Covered Expense amount shown in the Dental Services Schedule, subject to the separate Class IV deductible]</p>

Use box below if plan includes Class IX Dental Services

Class IX	
Implants	<p><i>Use for all products subject to plan deductible</i> [25-100]% {in increments of 5% } [after plan deductible]</p> <p><i>subject to separate deductible</i> [25-100]% {in increments of 5% } after separate Class IX deductible</p> <p><i>no deductible</i> [25-100]% {in increments of 5% }</p>

Use page below (PrevMax for Indemnity Dental plans which elect Progressive Maximum plan design)

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

If a covered person obtains Class I services in the prior [Contract Year][Calendar Year], the annual maximum progresses to the next level.

LEVELS	ANNUAL MAXIMUM
Level 1	\$[1,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}[after plan deductible]
Level 2	\$[1,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}[after plan deductible]
Include the following if Level 3 elected	
Level 3	\$[2,000] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}[after plan deductible]
Include the following if Level 4 elected	
Level 4	\$[2,500] {range is \$200 - \$10,000 in increments of \$25 - \$1,000}[after plan deductible]

Use page below (PrevCoinsV5) for Indemnity Dental plans which elect Progressive Only Coinsurance plan design for Class II services

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

The plan coinsurance percentage for Class II services increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year].

LEVELS	CLASS II COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Level 2	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Include the following if Level 3 elected	
Level 3	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Include the following if Level 4 elected	
Level 4	[80]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]

Use page below (PrevCoinsV6) for Indemnity Dental plans which elect Progressive Only Coinsurance plan design for Class III services

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

The plan coinsurance percentage for Class III services increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year].

LEVELS	CLASS III COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Level 2	[60]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Include the following if Level 3 elected	
Level 3	[70]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]
Include the following if Level 4 elected	
Level 4	[80]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]

Use page below (PrevCoinsV1) for Indemnity Dental plans and later which elect Progressive/Regressive Coinsurance plan design for Class II services

Wellness Incentive Plan

Your plan is designed to encourage yearly visits to your dentist for preventive care.

The plan coinsurance percentage for Class II services:

- increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year], or
- decreases *use if Class II reverts to Level 1* [to Level 1] *use if Class II reverts one level* [one level] if the covered person does not obtain Class I services in the prior [Contract Year][Calendar Year].

LEVELS	CLASS II COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25% }[after plan deductible]

Level 2	[60]% {range is 25-100% in increments of 5% to 25%}[after plan deductible]
Include the following if Level 3 elected	
Level 3	[70]% {range is 25-100% in increments of 5% to 25%}[after plan deductible]
Include the following if Level 4 elected	
Level 4	[80]% {range is 25-100% in increments of 5% to 25%}[after plan deductible]

Use page below (PrevCoinsV3) for Indemnity Dental plans which elect Progressive/Regressive Coinsurance plan design for Class III services	
Wellness Incentive Plan Your plan is designed to encourage yearly visits to your dentist for preventive care. The plan coinsurance percentage for Class III services: <ul style="list-style-type: none"> increases one level if the covered person obtains Class I services in the prior [Contract Year][Calendar Year], or decreases <i>use if Class III reverts to Level I</i> [to Level 1] <i>use if Class III reverts one level</i> [one level] if the covered person does not obtain Class I services in the prior [Contract Year][Calendar Year]. 	
LEVELS	CLASS III COINSURANCE
Level 1	[50]% {range is 25-100% in increments of 5% to 25%}[after plan deductible]
Level 2	[60]% {range is 25-100% in increments of 5% to 25%}[after plan deductible]
Include the following if Level 3 elected	
Level 3	[70]% {range is 25-100% in increments of 5% to 25%}[after plan deductible]
Include the following if Level 4 elected	
Level 4	[80]% {range is 25-100% in increments of 5% to 25%}[after plan deductible]

[Use the following for Waiting Period for Major Treatment]

[Waiting Periods for Major Treatment – Initial Employee Group and New Employee Group]

You may access your Employee dental benefit insurance once you have satisfied the waiting periods.

- there is no waiting period for Class I services;
- [after [0-36] consecutive months of coverage Employee dental benefits will increase to include the list of Class II procedures;]
- [after [0-36] consecutive months of coverage Employee dental benefits will increase to include the list of Class III procedures.]

[If the plan contains Orthodontic benefits then:

- after [0-36] consecutive months of coverage Employee dental benefits will increase to include Class IV procedures;]

You may be asked to provide evidence of the prior coverage applied to satisfy applicable waiting periods.]

[Delete Waiting Period for Major Treatment – Dependents if Dependents are not covered]

[Waiting Periods for Major Treatment – Dependents]

The Dependent waiting period is calculated separately from the Employee waiting period. Satisfaction of the Dependent waiting period begins when the eligible Employee enrolls for Dependent insurance.

A Dependent may access dental benefit insurance once they have satisfied the following waiting periods.

- there is no waiting period for Class I services;
- [after [0-36] consecutive months of coverage Dependent dental benefits will increase to include the list of Class II procedures;]
- [after [0-36] consecutive months of coverage Dependent dental benefits will increase to include the list of Class III procedures.]

[If the plan contains Orthodontic benefits then:

- after [0-36] consecutive months of coverage Dependent dental benefits will increase to include Class IV procedures;]

Dependents may be asked to provide evidence of the prior coverage applied to satisfy applicable waiting periods.]

[Insert one of the following based on Plan election for Missing Teeth Limitation – Option 1: do not include any of the following if there is “no limitation” on missing teeth]

[Missing Teeth Limitation]

[Option 2: Use the following for No Benefit for Missing Teeth]

[There is no payment for replacement of teeth that are missing when a person first becomes insured.]

[Option 3: Use the following for No Benefit for Missing Teeth for first XX Months. Insert 12 or 24 based on Plan Election]

[There is no payment for replacement of teeth that are missing when a person first becomes insured.]

[This payment limitation no longer applies after [12][24] months of continuous coverage.]

[Option 3: Use the following for 50% of Benefit for Missing Teeth. Insert 12 or 24 based on Plan Election]

The amount payable for the replacement of teeth that are missing when a person first becomes insured is 50% of the amount payable for the replacement of teeth that are extracted after a person has dental coverage.

This payment limitation no longer applies after [12][24] months of continuous coverage.]

Covered Dental Expense

Covered Dental Expense means that portion of a Dentist's charge that is payable for a service delivered to a covered person provided:

- the service is ordered or prescribed by a Dentist;
- is essential for the Necessary care of teeth;
- the service is within the scope of coverage limitations;
- the deductible amount in The Schedule has been met;
- the maximum benefit in The Schedule has not been exceeded;
- the charge does not exceed the amount allowed under the Alternate Benefit Provision;

[Delete bullet if Plan is limited to Class I Only or select appropriate classes based on Classes covered under Plan; Delete shaded Text if Plan does not include Dental Benefits Extension]

- [for Class [I, II or III][I or II]; the service is started and completed while coverage is in effect[, except for services described in the "Benefits Extension" section].]

[Delete Alternate Benefit Provision if not elected by Policyholder]

[Alternate Benefit Provision]

If more than one covered service will treat a dental condition, payment is limited to the least costly service provided it is a professionally accepted, necessary and appropriate treatment.

If the covered person requests or accepts a more costly covered service, he or she is responsible for expenses that exceed the amount covered for the least costly service. Therefore, CIGNA recommends Predetermination of Benefits before major treatment begins.]

Predetermination of Benefits

Predetermination of Benefits is a voluntary review of a Dentist's proposed treatment plan and expected charges. It is not preauthorization of service and is not required.

The treatment plan should include supporting pre-operative x-rays and other diagnostic materials as requested by CIGNA's dental consultant. If there is a change in the treatment plan, a revised plan should be submitted.

CIGNA will determine covered dental expenses for the proposed treatment plan. If there is no Predetermination of Benefits, CIGNA will determine covered dental expenses when it receives a claim.

[Insert appropriate Predetermination of Benefits exceeding amount based on Policyholder election]

Review of proposed treatment is advised whenever extensive dental work is recommended when charges exceed [\$200 - \$1,000].

Predetermination of Benefits is not a guarantee of a set payment. Payment is based on the services that are actually delivered and the coverage in force at the time services are completed.

[Insert one of the following based on Plan election]

Covered Services

[Option 1]

[The following section lists covered dental services. CIGNA may agree to cover expenses for a service not listed. To be considered the service should be identified using the American Dental Association Uniform Code of Dental Procedures and Nomenclature, or by description and then submitted to CIGNA.]

[Option 2]

[The following section lists covered dental services. If a service is not listed there is no payment unless CIGNA agrees to cover it. If CIGNA agrees to cover the service the level of payment will be consistent with similar services that provide the least expensive professionally satisfactory result.]

[Option 3]

[The following section lists covered dental services, if a service is not listed there is no coverage.]

[Traditional Dental]

[Option 1]

[Payment for a covered service is the Maximum Reimbursable Charge times the benefit percentage that applies to the class of service, as specified in The Schedule.

The covered person is responsible for the balance of the provider's actual charge.]

[Option 2]

[Plan payment for a covered service is the dollar amount next to that procedure in the list of services.

The covered person is responsible for the balance of the provider's actual charge.]

[Option 3]

[Class I]

Payment for a covered service is the Maximum Reimbursable Charge times the benefit percentage that applies to the class of service, as specified in The Schedule.

The covered person is responsible for the balance of the provider's actual charge.

All other Classes

Plan payment for a covered service is the dollar amount next to that procedure in the list of services.

The covered person is responsible for the balance of the provider's actual charge.]

[Dental PPO – Participating and Non-Participating Providers]

[Option 1]

[Payment for a service delivered by a Participating Provider is the Contracted Fee, times the benefit percentage that applies to the class of service, as specified in the Schedule.

The covered person is responsible for the balance of the Contracted Fee.

Payment for a service delivered by a non-Participating Provider is the Maximum Reimbursable Charge times the benefit percentage that applies to the class of service, as specified in the Schedule.

The covered person is responsible for the balance of the provider's actual charge.]

[Option 2]

[Payment for a service delivered by a Participating Provider is the Contracted Fee, times the benefit percentage that applies to the class of service, as specified in the Schedule.

The covered person is responsible for the balance of the Contracted Fee.

Payment for a service delivered by a non-Participating Provider is the Contracted Fee for that procedure as listed on the Primary Schedule aligned to the 3-digit zip code for the geographical area where the service is performed, times the benefit percentage that applies to the class of service, as specified in the Schedule. The Primary Schedule is the fee schedule with the lowest Contracted Fees currently being accepted by a Participating Provider in the relevant 3-digit zip code.

The covered person is responsible for the balance of the provider's actual charge.]

[Option 3]

[Plan payment for a service delivered by a Participating Provider is the dollar amount next to that procedure in the list of services.

The covered person is responsible for the balance of the Contracted Fee.

Payment for a service delivered by a non-Participating Provider is the dollar amount next to that procedure in the list of services.

The covered person is responsible for the balance of the provider's actual charge.]

[Class I Option 1]

[Any Covered Service in one Class may be shifted to another Class]

[Covered Services may be limited to Class I Services Only – delete all references to other classes]

[Insert appropriate frequency as selected by Policyholder or delete frequency if no frequency limit applies]

Class I Services – Diagnostic And Preventive

[Clinical oral examination – [unlimited][Only [1-6] **standard is 2**] per person per [calendar year][Contract Year][12 consecutive months].]

[Palliative (emergency) treatment of dental pain, minor procedures, when no other definitive Dental Services are performed. (Any x-ray taken in connection with such treatment is a separate Dental Service.)]

[X-rays – Complete series or Panoramic (Panorex) – Only one per person, including panoramic film, in any [[2-5] **standard is 3** calendar years] [[2-5] **standard is 3** Contract Years][24-60] **standard is 36** consecutive months].]

[Bitewing x-rays – Only 2 charges per person per [calendar year][Contract Year][12 consecutive months].]

[Prophylaxis (Cleaning), including Periodontal maintenance procedures (following active therapy) [– Only [1-6] **standard is 2**] per person per [calendar year][Contract Year] [[6][12] consecutive months].]]

[Delete “Limited to person less than 19 years old.” if there is no age limitation or insert age elected by Plan]

[Delete frequency limit if no limit]

[Topical application of fluoride (excluding prophylaxis) – [Limited to persons less than [14-19] years old.] Only [1-4 **Standard is 1**] per person per [calendar year][Contract Year] [[6][12] consecutive months].]

[Delete “for a person less than 14 years old.” if there is no age limitation or insert age elected by Plan]

[Topical application of sealant, per tooth, on a posterior tooth [for a person less than [14-19] years old][- Only [1-4 **standard is 1**] treatment[s] per tooth in any [2-5] **standard is 3**] [calendar years][Contract Years][consecutive years].].]

[Space Maintainers, fixed unilateral – Limited to nonorthodontic treatment.]

[Class I Option 2]

[Any Covered Service in one Class may be shifted to another Class]

[Covered Services may be limited to Class I Services Only – delete all references to other classes]

[Insert appropriate frequency as selected by Policyholder or delete frequency if no frequency limit applies]

Class I Services - Diagnostic and Preventive Dental Services

[Bitewing x-rays – [Only [1][2] **standard is 1**] set[s] in any [consecutive [6][12]-month period][calendar year][Contract Year]. [Limited to a maximum of 4 films per set.]]

[Clinical oral evaluation – [Only [1 per consecutive 6-month period][2 per [calendar year][Contract Year]].]

[Prophylaxis (Cleaning) – [Only [1-6] prophylaxis or periodontal maintenance procedure per [consecutive 6-month period][calendar year][Contract Year]. **standard is 1 per consecutive 6-months**]

[Delete “Limited to person less than 14 years old.” if there is no age limitation or insert age elected by Plan]

[Topical application of fluoride (excluding prophylaxis) – [Limited to persons less than [14-19] years old.] Only [1-4 **Standard is 1**] per person per [consecutive [6][12]-month period][calendar year][Contract Year].]

[Delete “for a person less than 14 years old.” if there is no age limitation or insert age elected by Plan]

[Topical application of sealant, per tooth, on an unrestored permanent bicuspid [or molar tooth] [for a person less than [14-19] years old] [- Only [1-4 **Standard is 1**] treatment per tooth per lifetime.]

[Delete “for a person less than 14 years old.” if there is no age limitation or insert age elected by Plan]

[Space Maintainers - Limited to nonorthodontic treatment for prematurely removed or missing teeth[for a person less than [14-19] years old].]

[Class II Option 1]

[Any Covered Service in one Class may be shifted to another Class]

[Covered Services may be limited to Class I and II Services Only – delete all references to other classes]

[Insert appropriate frequency as selected by Policyholder or delete frequency if no frequency limit applies]

[Class II Services – Basic Restorations, Endodontics, Periodontics, Prosthodontic Maintenance And Oral Surgery]

[Amalgam Filling]

[Composite/Resin Filling]

[Root Canal Therapy – Any x-ray, test, laboratory exam or follow-up care is part of the allowance for root canal therapy and not a separate Dental Service.]

[Osseous Surgery – Flap entry and closure is part of the allowance for osseous surgery and not a separate Dental Service.]

[Periodontal Scaling and Root Planing – Entire Mouth]

[Adjustments – Complete Denture]

Any adjustment of or repair to a denture within [6][12] months of its installation is not a separate Dental Service.]

[Recement Bridge]

[Routine Extractions]

[Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth]

Removal of Impacted Tooth, Soft Tissue

Removal of Impacted Tooth, Partially Bony

Removal of Impacted Tooth, Completely Bony]

[Local anesthetic, analgesic and routine postoperative care for extractions and other oral surgery procedures are not separately reimbursed but are considered as part of the submitted fee for the global surgical procedure.]

[General Anesthesia – Paid as a separate benefit only when Medically or Dentally Necessary, as determined by CIGNA, and when administered in conjunction with complex oral surgical procedures which are covered under this plan.]

[I. V. Sedation – Paid as a separate benefit only when Medically or Dentally Necessary, as determined by CIGNA, and when administered in conjunction with complex oral surgical procedures which are covered under this plan.]]

[Class II Option 2]

[Any Covered Service in one Class may be shifted to another Class]

[Covered Services may be limited to Class I and II Services Only – delete all references to other classes]

[Insert appropriate frequency as selected by Policyholder or delete frequency if no frequency limit applies]

[Class II Services]

Diagnostic Services

[Complete mouth survey or panoramic x-rays - only 1 in any [consecutive 60-month period][5 calendar year period][5 Contract Year period]. For benefit determination purposes a full mouth series will be determined to include bitewings and 10 or more periapical x-rays.

Individual periapical x-rays - A maximum of 4 periapical x-rays which are not performed in conjunction with an operative procedure are payable in any [consecutive 12-month period][calendar year][Contract Year].

Intraoral occlusal x-rays - Limited to 2 films in any [consecutive 12-month period][calendar year][Contract Year].]

Fillings

[Amalgam Restorations - Benefits for replacement of an existing amalgam restoration are only payable if at least [12 consecutive months have][a calendar year has][a Contract Year has] passed since the existing amalgam was placed.

Silicate Restorations - Benefits for the replacement of an existing silicate restoration are only payable if at least [12 consecutive months have][a calendar year has][a Contract Year has] passed since the existing filling was placed.

Composite Resin Restorations - Benefits for the replacement of an existing composite restoration are payable only if at least [12 consecutive months have][a calendar year has][a Contract Year has] passed since the existing filling was placed. Benefits for composite resin restorations on bicuspid and molar teeth will be based on the benefit for the corresponding amalgam restoration.]

[Pin Retention - Covered only in conjunction with amalgam or composite restoration. Payable one time per restoration regardless of the number of pins used.]

Oral Surgery, Routine Extractions

[Routine Extraction - Includes an allowance for local anesthesia and routine postoperative care.]

Root Removal - Exposed Roots - Includes an allowance for local anesthesia and routine postoperative care.]

Miscellaneous Services

[Palliative (emergency) Treatment of Dental Pain - Minor Procedures - paid as a separate benefit only if no other service, except x-rays, is rendered during the visit.]

[Class III Option 1]

[Any Covered Service in one Class may be shifted to another Class]

[Insert appropriate frequency as selected by Policyholder or delete frequency if no frequency limit applies]

[Class III Services - Major Restorations, Dentures and Bridgework]

[Crowns]

Note: Crown restorations are Dental Services only when the tooth, as a result of extensive caries or fracture, cannot be restored with amalgam, composite/resin, silicate, acrylic or plastic restoration.

Porcelain Fused to High Noble Metal

Full Cast, High Noble Metal

Three-Fourths Cast, Metallic]

[Removable Appliances]

Complete (Full) Dentures, Upper or Lower

Partial Dentures

Lower, Cast Metal Base with Resin Saddles (including any conventional clasps, rests and teeth)

Upper, Cast Metal Base with Resin Saddles (including any conventional clasps rests and teeth)]

[Fixed Appliances]

Bridge Pontics - Cast High Noble Metal

Bridge Pontics - Porcelain Fused to High Noble Metal

Bridge Pontics - Resin with High Noble Metal

Retainer Crowns - Resin with High Noble Metal

Retainer Crowns - Porcelain Fused to High Noble Metal

Retainer Crowns - Full Cast High Noble Metal]

[Delete Implant Paragraph if Implants are not covered or are covered under Class IX]

[Implant — Covered Expenses include: the surgical placement of an implant body or framework, of any type; any device, index, or surgical template guide used for implant surgery; prefabricated or custom implant abutments; or removal of an existing implant. Implant removal is covered only if the implant is not serviceable and cannot be repaired.]

[Delete text if Prosthesis Over Implant is not elected by plan]

[Prosthesis Over Implant – A prosthetic device, supported by an implant or implant abutment is a Covered Expense. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only payable if the existing prosthesis is at least [5 Contract Years][5 calendar year][60 consecutive months] old, is not serviceable and cannot be repaired.]

[Class III Option 2]

[Any Covered Service in one Class may be shifted to another Class]

[Insert appropriate frequency as selected by Policyholder or delete frequency if no frequency limit applies]

[Class III Services]

[Diagnostic Procedures]

Histopathologic Examinations - Payable only if the surgical biopsy is also covered under this plan.]

[Denture Adjustments, Rebasing and Relining]

Denture Adjustments - Only covered 1 time in any [consecutive 12-month period][calendar year][Contract Year] and only if performed more than [12 consecutive months][one calendar year][one Contract Year] after the insertion of the denture.]

[Relining Dentures, Rebasing Dentures - Limited to relining or rebasing done more than [a consecutive 12-month period][one calendar year][one Contract Year] after the initial insertion, and then not more than one time in any [consecutive 36-month][3 calendar year][3 Contract Year] period.

[Tissue Conditioning - maxillary or mandibular - Payable only if at least [12 consecutive months have][one calendar year has][one Contract Year has] elapsed since the insertion of a full or partial denture and only once in any [consecutive 36-month][3 calendar year][3 Contract Year] period.]

[Repairs To Crowns and Inlays

Recement Inlays - No limitation.

Recement Crowns - No limitation.

Repairs to Crowns - Limited to repairs performed more than [12 consecutive months][one calendar year][one Contract Year] after initial insertion.]

[Repairs To Dentures and Bridges

Repairs to Full and Partial Dentures - Limited to repairs performed more than [12 consecutive months][one calendar year][one Contract Year] after initial insertion.

Recement Fixed Partial Denture - Limited to repairs performed more than [12 consecutive months][one calendar year][one Contract Year] after initial insertion.

Fixed Partial Denture Repair, by Report - Limited to repairs performed more than [12 consecutive months][one calendar year][one Contract Year] after initial insertion.]

[Inlays, Onlays and Crowns

Inlays and Onlays - Covered only when the tooth cannot be restored by an amalgam or composite filling due to major decay or fracture, and then only if more than [84 consecutive months][7 calendar years][7 Contract Years] have elapsed since the last placement.

Crowns - Covered only when the tooth cannot be restored by an amalgam or composite filling due to major decay or fracture, and then only if more than [84 consecutive months][7 calendar years][7 Contract Years] have elapsed since the last placement. For persons under 16 years of age, benefits for crowns on vital teeth are limited to Resin or Stainless Steel Crowns.

Benefits for crowns are based on the amount payable for nonprecious metal substrate.

Stainless Steel Crowns, Resin Crowns - Covered only when the tooth cannot be restored by filling and then only 1 time in a [consecutive 36-month][3 calendar year][3 Contract Year] period. Limited to persons under the age of 16.

Post and Core (in conjunction with a crown or inlay) - Covered only for endodontically treated teeth with total loss of tooth structure.]

[Endodontic Procedures

Therapeutic Pulpotomy - Payable for deciduous teeth only.

Root Canal Therapy, Primary Tooth (excluding final restoration) - Includes all preoperative, operative and postoperative x-rays, bacteriological cultures, diagnostic tests, local anesthesia and routine follow-up care.

Root Canal Therapy - Permanent Tooth - Includes all preoperative, operative and postoperative x-rays, bacteriological cultures, diagnostic tests, local anesthesia and routine follow-up care.

Root Canal Therapy, Retreatment - by Report - Covered only if more than [24 consecutive months][2 calendar years][2 Contract Years] have passed since the original endodontic therapy and only if necessity is confirmed by professional review.

Apexification - Includes all preoperative, operative and postoperative x-rays, bacteriological cultures, diagnostic tests, local anesthesia and routine follow-up care. A maximum of 3 visits per tooth are payable.

Apicoectomy - Includes all preoperative, operative and postoperative x-rays, bacteriological cultures, diagnostic tests, local anesthesia and routine follow-up care.

Retrograde Filling (per root) - Includes all preoperative, operative and postoperative x-rays, bacteriological cultures, diagnostic tests, local anesthesia and routine follow-up care. Not separately payable on the same date and tooth as an Apicoectomy.

Root Amputation (per root) - Includes all preoperative, operative and postoperative x-rays, bacteriological cultures, diagnostic tests, local anesthesia and routine follow-up care.

Hemisection - Fixed bridgework replacing the extracted portion of a hemisected tooth is not covered. Procedure includes local anesthesia and routine postoperative care.]

[Minor Periodontal Procedures

Periodontal Scaling and Root Planing (if not related to periodontal surgery) - Per Quadrant - Limited to 1 time per quadrant of the mouth in any [consecutive 36-month][3 calendar year][3 Contract Year] period. Not separately payable if performed on the same treatment plan as prophylaxis.

Periodontal Maintenance Procedures Following Active Therapy - Payable only if at least [6 consecutive months have][one calendar year has][one Contract Year has] passed since the completion of active periodontal surgery. Only [1][2]{insert “2” only with calendar year or Contract Year} periodontal maintenance procedure or adult prophylaxis is payable in any [consecutive 6-month period][calendar year][Contract Year] 6-month period. This procedure includes an allowance for an exam and scaling and root planing.]

[Major Periodontal Surgery

Gingivectomy - Only one periodontal surgical procedure is covered per area of the mouth in any [consecutive 36-month][3 calendar year][3 Contract Year] period.

Gingival Flap Procedure Including Root Planing - Only 1 periodontal surgical procedure is covered per area of the mouth in any [consecutive 36-month][3 calendar year][3 Contract Year] period.

Clinical Crown Lengthening - Hard Tissue - No limitation.

Mucogingival Surgery - Per Quadrant - only 1 periodontal surgical procedure is covered per area of the mouth in any [consecutive 36-month][3 calendar year][3 Contract Year] period.

Osseous Surgery - only 1 periodontal surgical procedure is covered per area of the mouth in any [consecutive 36-month][3 calendar year][3 Contract Year] period.

Bone Replacement Graft - First Site Quadrant.

Bone Replacement Graft - Each Additional Site in Quadrant.

Guided Tissue Regeneration - Resorbable Barrier - per Site, per Tooth - Only 1 periodontal surgical procedure is covered per area of the mouth in any [consecutive 36-month][3 calendar year][3 Contract Year] period. Not payable as a discrete procedure if performed during the same operative session in the same site as osseous surgery.

Pedicle Soft Tissue Graft - No limitation.

Free Soft Tissue Graft (including donor site surgery) - No limitation.

Subepithelial Connective Tissue Graft Procedure (including donor site surgery) - No limitation.

Distal or Proximal Wedge Procedure (when not performed in conjunction with surgical procedures in the same anatomical area) - No limitation.]

Oral Surgery - Surgical Extractions

Surgical Extraction – (except for the removal of impacted teeth) - Includes an allowance for local anesthesia and routine postoperative care.

Surgical Removal of Residual Tooth Roots (Cutting Procedure) - Includes an allowance for local anesthesia and routine postoperative care.]

[Other Oral Surgery

Tooth Transplantation (includes reimplantation from one site to another and splinting and/or stabilization) - Includes an allowance for local anesthesia and routine postoperative care.

Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption - Includes an allowance for local anesthesia and routine postoperative care.

[Delete text if brush biopsy technique is not covered]

Biopsy of Oral Tissue[, including brush biopsy technique] - Includes an allowance for local anesthesia and routine postoperative care.

Alveoloplasty - Includes an allowance for local anesthesia and routine postoperative care.

Vestibuloplasty - Includes an allowance for local anesthesia and routine postoperative care. Only payable when performed primarily to facilitate insertion of a removable denture.

Radical Excision of Reactive Inflammatory Lesions (Scar Tissue or Localized Congenital Lesions) - Includes an allowance for local anesthesia and routine postoperative care.

Removal of Odontogenic Cyst or Tumor - Includes an allowance for local anesthesia and routine postoperative care.

Removal of Exostosis - Maxilla or Mandible - Includes an allowance for local anesthesia and routine postoperative care.

Incision and Drainage - Includes an allowance for local anesthesia and routine postoperative care.

Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Facial bones - Autogenous or Nonautogenous, by Report - Includes an allowance for local anesthesia and routine postoperative care. Only payable when performed primarily to facilitate insertion of a removable denture.

Frenectomy (Frenulectomy, Frenotomy), Separate Procedure - Includes an allowance for local anesthesia and routine postoperative care.

Excision of Hyperplastic Tissue - Per Arch - Includes an allowance for local anesthesia and routine postoperative care.

Excision of Pericoronal Gingiva - Includes an allowance for local anesthesia and routine postoperative care.

Synthetic Graft - Mandible or Facial Bones, by Report - Includes an allowance for local anesthesia and routine postoperative care. Only payable when performed primarily to facilitate insertion of a removable denture.]

[Surgical Extraction of Impacted Teeth]

Surgical Removal of Impacted Tooth - Soft Tissue - The benefit includes an allowance for local anesthesia and routine postoperative care.

Surgical Removal of Impacted Tooth - Partially Bony - The benefit includes an allowance for local anesthesia and routine postoperative care.

Surgical Removal of Impacted Tooth - Completely Bony - The benefit includes an allowance for local anesthesia and routine postoperative care.

Removal of Impacted Tooth; Completely Bony, with Unusual Surgical Complications - The benefit includes an allowance for local anesthesia and routine postoperative care.]

Prosthetics

Full dentures — There are no additional benefits for personalized dentures or overdentures or associated procedures. CIGNA will not pay for any denture until it is accepted by the patient. Limited to one time per arch per [84 consecutive months][7 calendar years][7 Contract Years].

Partial dentures — There are no additional benefits for precision or semiprecision attachments. The benefit for a partial denture includes any clasps and rests and all teeth. CIGNA will not pay for any denture until it is accepted by the patient. Limited to one partial denture per arch per [84 consecutive months][7 calendar years][7 Contract Years] unless there is a necessary extraction of an additional functioning natural tooth.

Add tooth to existing partial denture to replace newly extracted Functional Natural Tooth — Only if more than [12 consecutive months have][a calendar year has][a Contract Year has] elapsed since the insertion of the partial denture.

Complete and partial overdentures — There are no additional benefits for precision or semiprecision attachments. The benefit for a partial denture includes any clasps and rests and all teeth. CIGNA will not pay for any denture until it is accepted by the patient. Limited to one partial denture per arch per [84 consecutive months][7 calendar years][7 Contract Years] unless there is a necessary extraction of an additional functioning natural tooth.

Post and core (in conjunction with a fixed bridge) — Covered only for endodontically treated teeth with total loss of tooth structure.

[Delete Implant Paragraph if Implants are not covered or are covered under Class IX]

[Implant — Covered Expenses include: the surgical placement of an implant body or framework, of any type; any device, index, or surgical template guide used for implant surgery; prefabricated or custom implant abutments; or removal of an existing implant. Implant removal is covered only if the implant is not serviceable and cannot be repaired.]

[Delete Prosthesis Over Implant Paragraph if Prosthesis Over Implant are not covered]

[Prosthesis Over Implant — A prosthetic device, supported by an implant or implant abutment, is a Covered Expense. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only payable if the existing prosthesis is at least [84 consecutive months][7 calendar years][7 Contract Years] old, is not serviceable and cannot be repaired.]

Fixed Partial Dentures (Nonprecious Metal Pontics, Retainer Crowns and Metallic Retainers) - Benefits will be considered for the initial replacement of a Necessary Functioning Natural Tooth extracted while the person was covered under the plan.

Replacement: Benefits for the replacement of an existing bridge are payable only if the existing bridge is at least [84 consecutive months][7 calendar years][7 Contract Years] old, is not serviceable, and cannot be repaired.

Benefits for retainer crowns and pontics are based on the amount payable for nonprecious metal substrates.

Cast Metal Retainer for Resin Bonded Fixed Bridge - Benefits will be considered for the initial replacement of a Necessary Functioning Natural Tooth extracted while the person was covered under the plan.

Replacement: Benefits are based on the amount payable for nonprecious metal substrates. Benefits for the replacement of an existing resin bonded bridge are payable only if the existing resin bonded bridge is at least [84 consecutive months][7 calendar years][7 Contract Years] old, is not serviceable, and cannot be repaired.

[Anesthesia and IV Sedation]

General Anesthesia - Paid as a separate benefit only when Medically or Dentally Necessary and when administered in conjunction with complex oral surgical procedures which are covered under this plan.

I. V. Sedation - Paid as a separate benefit only when Medically or Dentally Necessary and when administered in conjunction with complex oral surgical procedures which are covered under this plan.

]

[Optional Benefit - Delete text if Orthodontics are not elected by plan]

[Class IV Services - Orthodontics]

[Class IV Option 1]

Each month of active treatment is a separate Dental Service.

Covered Expenses include:

Orthodontic work-up including x-rays, diagnostic casts and treatment plan and the first month of active treatment including all active treatment and retention appliances.

Continued active treatment after the first month.

Fixed or Removable Appliances - Only one appliance per person for tooth guidance or to control harmful habits.

The total amount payable for all expenses incurred for Orthodontics lifetime will not be more than the Orthodontia Maximum shown in the Schedule.

Payments for comprehensive full-banded Orthodontic treatment are made in installments. Benefit payments will be made every 3 months. The first payment is due when the appliance is installed. Later payments are due at the end of each 3-month period. The first installment is 25% of the charge for the entire course of treatment. The remainder of the charge is prorated over the estimated duration of treatment. Payments are only made for services provided while a person such child is insured. If insurance coverage ends or treatment ceases, payment for the last 3-month period will be prorated.]

[Class IV Option 2]

Each month of active treatment is a separate Dental Service.

Covered Orthodontic Treatment

cephalometric x-rays;

full mouth or panoramic x-rays taken in conjunction with an orthodontic treatment plan;

diagnostic casts (i.e., study models) for orthodontic evaluation;

surgical exposure of impacted or unerupted tooth for orthodontic purposes;

fixed or removable orthodontic appliances for tooth movement and/or tooth guidance.

Orthodontia Provision

[Insert text based on Plan election – Dependent Children Only with/without age restrictio, standard age is to age 19 may be higher if requested by Plan or Adults]

The total amount payable for all expenses incurred for Orthodontics during a [Dependent child's][person's] lifetime will not be more than the Orthodontia Maximum shown in The Schedule. Benefits are payable under this plan only for active Orthodontic Treatment and for the Orthodontic services on the list of Dental Services[for dependent children][who are under age [19-30] on the date the Orthodontic Treatment is started].

No benefits are payable for retention in the absence of full active Orthodontic Treatment.

Charges will be considered, subject to other plan conditions, as follows:

- 25% of the total case fee will be considered as being incurred on the date the initial active appliance is placed; and
- the remainder of the total case fee will be divided by the number of months for the total treatment plan and the resulting portion will be considered to be incurred on a monthly basis until the plan maximum is paid, treatment is completed or eligibility ends. Payments will be made quarterly.

Replacement Provisions For Orthodontic Coverage

Coverage will be provided if Orthodontic Treatment was started while [a person][your Dependent child] was covered for Orthodontic benefits under the prior carrier's plan and:

- Orthodontic Treatment is continued under this plan; and
- proof that the Maximum Benefit under this plan was not equaled or exceeded by the benefits paid or payable under the previous plan is submitted to CIGNA;

In this case the Maximum Benefit for a person the Dependent child will be calculated determining:

- the lesser of the Maximum Benefit of this plan and the maximum benefit of the replacement plan; and
- subtracting the benefit paid or payable by the prior plan from the amount in the bullet above. The remainder of the benefit is payable under this plan.

In no event will [a person][the Dependent child] receive more in Orthodontic benefits than the amount which [a person][the Dependent child] would have received had the prior plan remained in effect.

[Optional Benefit - Delete text if TMJ is not elected by plan]

CLASS V SERVICES - Temporomandibular Joint Dysfunction

The Maximum Covered Expense for any Class V Service is 50% of the Reasonable and Customary Charge. Only the Dental Services listed below will be considered covered expenses for the treatment of Temporomandibular Joint Dysfunction:

- Office Visit - Adjustment to Appliance
No more than 6 adjustments in 6 consecutive months after seating or placement of appliance.
- Transcutaneous Electro-neural Stimulation
No more than 4 treatments in a 6-month period.
- Trigger Point Injection of Local Anesthetic into Muscle Fascia
No more than 4 treatments in a 6-month period.
- Mandibular Orthopedic Repositioning Appliance
Only one appliance per person in any 5 year period.

[Optional Benefit - Delete text if Implants are not elected by plan or if Implants are covered under Class III]

[Class IX Services – Implants]

[Option 1]

[Covered Dental Expenses include: the surgical placement of the implant body or framework of any type; any device, index, or surgical template guide used for implant surgery; prefabricated or custom implant abutments; or removal of an existing implant. Implant removal is covered only if the implant is not serviceable and cannot be repaired.]

Implant coverage may have a separate deductible amount, yearly maximum and/or lifetime maximum as shown in The Schedule.]

[Option 2]

[Covered Dental Expenses include: the surgical placement of the implant or implant body (except for the surgical placement of an interim implant body); the index, or surgical template guide used for implant surgery; prefabricated or custom implant abutments; or removal of an existing implant. Implant removal is covered only if the implant is not serviceable and cannot be repaired.]

Implant services are subject to the same alternate benefit provisions, time limitations, and missing tooth limitations as standard traditional restorative, fixed and removable prosthetics. Alternate benefits are only available for those plans that allow implant coverage.

Implant coverage may have a separate deductible amount, yearly maximum and/or lifetime maximum, if a separate deductible or maximum applies it is shown in the schedule.

Summary of Potential Surgical Implant Benefits

There are two circumstances where surgical implant services will be considered for benefits under plans that cover surgical implants.

1. Totally edentulous arch (no teeth in the arch):
 - a) Evidence must be documented that the patient is unable to function with a conventional removable full denture prosthesis. This is usually caused by atrophy of the jaw or dehiscence (exposure) of the nerve.
 - b) In general four implants per arch will be considered to be adequate support for the final prosthesis.
 - c) If the final prosthesis is an implant/abutment-supported bridge, the alternate benefit of an implant/abutment-supported removable denture may be given if the surgical placement of the implants is approved.
2. Partially edentulous arch (some teeth in the arch):
 - a) Evidence must be documented that the patient is unable to function with a conventional removable partial denture prosthesis. This is usually caused by atrophy of the jaw or dehiscence (exposure) of the nerve.
 - b) When allowable, the number of surgical implants allowed may be less than the number of missing teeth
 - c) Evidence must be shown that the teeth on either side of the missing tooth/teeth are NOT in need of crowns and the remainder of the arch shows periodontal stability with a favorable prognosis. If the teeth on either side of the missing tooth/teeth need crowns, the alternate benefit of a fixed bridge, crown or removable partial denture may be given to the provider rendering the prosthesis over the implant. In this case, if an alternate benefit is given, no benefits will be allowed for the surgical implant.]

SUPPLEMENTAL DENTAL BENEFITS

If you [or any one of your Dependents], while insured for Supplemental Dental Benefits, incurs Covered Expenses as defined below, CIGNA will pay 100% of the amount of Covered Expenses so incurred. The amount of Supplemental Dental Benefits payable will be subject to the Maximum Benefit Provision.

Maximum Benefit Provision

The total amount of Supplemental Dental Benefits payable for all expenses incurred for you and your Dependents, if any, [is unlimited.] [in a [calendar year] [contract year] will not exceed \$[3,000-10,000] [per family,] [per individual] per [calendar year] [contract year].]

Covered Expenses

The term Covered Expenses means expenses incurred by or on behalf of you or any one of your Dependents for the charges below. Expenses are considered Covered Expenses to the extent that the services or supplies provided are recommended by a Dentist. Covered Expenses will include only those expenses incurred for charges made:

- for dental services and supplies provided by a Dentist to the extent that no benefits are payable under your Employer's dental plan solely because of: a) Coinsurance factors or Deductibles; or (b) dollar limits.
- for orthodontia.

Limitations

No payment will be made for expenses incurred to the extent that you [or your Dependents] are entitled to receive payment for such expenses under any other Group Dental Plan sponsored by your Employer.

See the section in this certificate entitled **General Limitations** for additional restrictions that apply to these benefits.

General

There is no Conversion Privilege applicable to Supplemental Dental Benefits once insurance under the Policy ceases.

Expenses Not Covered

[Option 1]

[Covered Expenses will not include, and no payment will be made for:

- services performed solely for cosmetic reasons;
- replacement of a lost or stolen appliance;
- replacement of a bridge, crown or denture within 5 years after the date it was originally installed unless:
(a) the replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
- any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;

[Bracketed text is deleted if the TMJ Option is accepted]

- procedures, appliances or restorations (except full dentures) whose main purpose is to: (a) change vertical dimension; (b) [diagnose or treat conditions or dysfunction of the temporomandibular joint; (c)] stabilize periodontally involved teeth; or [(c)][(d)] restore occlusion;
- porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;
- bite registrations; precision or semiprecision attachments; or splinting;
- instruction for plaque control, oral hygiene and diet;
- dental services that do not meet common dental standards;
- services that are deemed to be medical services;
- services and supplies received from a Hospital;

[Deleted if Plan has coverage for Orthodontia]

- [orthodontic treatment;]

[Deleted if Plan has coverage for Implants]

- [the surgical placement of an implant body or framework of any type; surgical procedures in anticipation of implant placement; any device, index, or surgical template guide used for implant surgery; treatment or repair of an existing implant; prefabricated or custom implant abutments; removal of an existing implant;]
- services for which benefits are not payable according to the "General Limitations" section.]

[Option 2]

[Covered Expenses do not include expenses incurred for:

- procedures which are not included in the list of Covered Dental Expenses.
- procedures which are not necessary and which do not have uniform professional endorsement.
- procedures for which a charge would not have been made in the absence of coverage or for which the covered person is not legally required to pay.
- any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension.

[Bracketed text is deleted if the TMJ Option is accepted]

- procedures, appliances or restorations whose main purpose is to diagnose or treat jaw joint problems, including [dysfunction of the temporomandibular joint and]craniomandibular disorders[,]
- or other conditions of the joints linking the jawbone and skull, including the complex muscles, nerves and other tissues related to that joint.
- the alteration or restoration of occlusion.
- the restoration of teeth which have been damaged by erosion, attrition or abrasion.
- bite registration or bite analysis.

- any procedure, service, or supply provided primarily for cosmetic purposes. Facings, repairs to facings or replacement of facings on crowns or bridge units on molar teeth shall always be considered cosmetic.

[Deleted if Plan has coverage for Missing Teeth]

- [the initial placement of a full denture or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan (the removal of only a permanent third molar will not qualify a full or partial denture for benefit under this provision).]

[Deleted if Plan has coverage for Missing Teeth]

- [the initial placement of a fixed bridge, unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan. If a bridge replaces teeth that were missing prior to the date the person's coverage became effective and also teeth that are extracted after the person's effective date, benefits are payable only for the pontics replacing those teeth which are extracted while the person was insured under this plan. The removal of only a permanent third molar will not qualify a fixed bridge for benefit under this provision.]

[Deleted if Plan has coverage for Implants]

- [the initial placement of an implant unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan. The removal of only a permanent third molar will not qualify an implant for benefit under this provision.]

[Deleted if Plan has coverage for Implants]

- [the surgical placement of an implant body or framework of any type; surgical procedures in anticipation of implant placement; any device, index or surgical template guide used for implant surgery; treatment or repair of an existing implant; prefabricated or custom implant abutments; removal of an existing implant.]
- crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture.
- core build-ups.
- replacement of a partial denture, full denture, or fixed bridge or the addition of teeth to a partial denture unless:
 - (a) replacement occurs at least 84 consecutive months after the initial date of insertion of the current full or partial denture; or
 - (b) the partial denture is less than 84 consecutive months old, and the replacement is needed due to a necessary extraction of an additional functioning natural tooth while the person is covered under this plan (alternate benefits of adding a tooth to an existing appliance may be applied); or
 - (c) replacement occurs at least 84 consecutive months after the initial date of insertion of an existing fixed bridge (if the prior bridge is less than 84 consecutive months old, and replacement is needed due to an additional Necessary extraction of a functioning natural tooth while the person is covered under this plan. Benefits will be considered only for the pontic replacing the additionally extracted tooth).
- The removal of only a permanent third molar will not qualify an initial or replacement partial denture, full denture or fixed bridge for benefits.
- the replacement of crowns, cast restoration, inlay, onlay or other laboratory prepared restorations within 84 consecutive months of the date of insertion.
- The replacement of a bridge, crown, cast restoration, inlay, onlay or other laboratory prepared restoration regardless of age unless necessitated by major decay or fracture of the underlying Natural Tooth.
- replacement of a partial denture or full denture which can be made serviceable or is replaceable.
- replacement of lost or stolen appliances.
- replacement of teeth beyond the normal complement of 32.
- prescription drugs.
- any procedure, service, supply or appliance used primarily for the purpose of splinting.
- athletic mouth guards.
- myofunctional therapy.
- precision or semiprecision attachments.

- denture duplication.
- separate charges for acid etch.
- labial veneers (laminates).
- treatment of jaw fractures and orthognathic surgery.

[Deleted if Plan has coverage for Orthodontia]

- [orthodontic treatment, except for the treatment of cleft lip and cleft palate.]
- charges for sterilization of equipment, disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies and infection control.
- charges for travel time; transportation costs; or professional advice given on the phone.
- procedures performed by a Dentist who is a member of the covered person's family (the covered person's family is limited to spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents), except in the case of a dental emergency and no other Dentist is available.
- temporary, transitional or interim dental services.
- any procedure, service or supply not reasonably expected to correct the patient's dental condition for a period of at least 3 years, as determined by CIGNA.
- diagnostic casts, diagnostic models, or study models.
- any charge for any treatment performed outside of the United States other than for Emergency Treatment (any benefits for Emergency Treatment which is performed outside of the United States will be limited to a maximum of [\$100 - \$200] per consecutive 12-month period);
- oral hygiene and diet instruction; broken appointments; completion of claim forms; personal supplies (e.g., water pick, toothbrush, floss holder, etc.); duplication of x-rays and exams required by a third party;
- any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility;
- services for which benefits are not payable according to the "General Limitations" section.]

[Always include after either Option 1 or Option 2]

[General Limitations]

Dental Benefits

No payment will be made for expenses incurred for you or any one of your Dependents:

- for or in connection with an Injury arising out of, or in the course of, any employment for wage or profit;
- for or in connection with a Sickness which is covered under any workers' compensation or similar law;
- for charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected condition;
- services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- to the extent that payment is unlawful where the person resides when the expenses are incurred;
- for charges which the person is not legally required to pay;
- for charges which would not have been made if the person had no insurance;
- to the extent that billed charges exceed the rate of reimbursement as described in the Schedule;
- for charges for unnecessary care, treatment or surgery;
- to the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- for or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.]

[Option 3]

[The following Exclusions and General Limitations are reserved for future administration]

[Covered expenses will not include, and no payment will be made for:

- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance);
- replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances, if orthodontics is covered) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect;
- replacement of a bridge, crown, onlay, post/post and core, partial denture, or complete denture within a 60 consecutive month period after the date it was originally installed unless: (a) the replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown, onlay, post/post and core, or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
- any replacement of a bridge, crown, partial denture or complete denture which is or can be made useable according to commonly accepted dental standards;
- the recementation and/or repair of any inlay, onlay, crown, post and core, or fixed bridge within 180 days of initial placement by the same Dentist or a different Dentist in the same office. CIGNA considers recementation and/or repair within this timeframe to be incidental to and part of the charges for the initial restoration;
- the replacement of any amalgam or resin-based composite filling involving the same surface(s) on the same tooth within a 12 consecutive month period of original placement by the same dentist or a different Dentist in the same office;

[Bracketed text is deleted if the TMJ Option is accepted]

- procedures, appliances or restorations (except complete dentures) whose main purpose is to: (a) change vertical dimension; or (b) [diagnose or treat conditions or disorders of the temporomandibular joint; or (c)] stabilize periodontally involved teeth; or [(c)][(d)] restore occlusion;
- porcelain, resin, or acrylic materials on crowns or pontics on, or replacing the upper or lower first, second and/or third molars;
- crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or resin-based composite restoration due to major decay or fracture;
- fixed bridges and/or removable partial dentures with a cast metal framework for patients prior to their 16th birthday;
- fixed or removable space maintainers for patients on or after their 16th birthday;
- bite registrations or analysis; precision or semiprecision attachments; or splinting;
- oral hygiene, tobacco cessation and diet instruction; broken appointments; completion of claim forms; personal supplies (e.g., water irrigation devices, toothbrush, floss holder, etc.); duplication of x-rays and exams required by a third party;
- dental services that do not meet commonly accepted dental standards;
- services to the extent you or your enrolled Dependent are compensated under any group medical plan. (Arizona and Pennsylvania residents: Coverage for covered services to the extent compensated under group medical plan, no fault auto insurance policies or uninsured motorist policies is not excluded. Kentucky and North Carolina residents: Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. Maryland residents: Services compensated under group medical plans are not excluded.)
- services that are deemed to be medical services;
- services to correct congenital malformations, including the replacement of congenitally missing teeth;
- outpatient facility or hospital charges, services and supplies;
- Orthodontic Treatment, unless covered by your specific plan;

- services associated with the placement, repair, or removal of a dental implant, or any other services related to implants, unless covered by your specific plan. When covered by your plan, any prosthesis over an implant is subject to the same exclusions, limitations, alternate benefit provisions, time limitations, and missing tooth limitations as standard traditional restorative, fixed and removable prosthetics;
- the restoration of teeth which have been damaged by erosion, attrition, abfraction or abrasion;
- house/extended care facility calls; hospital calls; office visits for observation (during regularly scheduled hours) when no other services are performed; office visits after regularly scheduled hours; and case presentations;
- treatment of jaw fractures and orthognathic surgery;
- charges for sterilization of equipment, disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies and infection control. CIGNA considers this to be incidental to and part of the charges for services provided and not separately chargeable;
- therapeutic parenteral drug administration(s);
- any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service;
- charges for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit;
- charges for or in connection with an injury or illness which is covered under any workers' compensation or similar law;
- charges made by a hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected condition;
- services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- covered services to the extent that payment is unlawful where the person resides when the expenses are incurred;
- charges which the person is not legally required to pay;
- charges which would not have been made if the person had no insurance;
- covered services to the extent that billed charges exceed the rate of reimbursement as described in the Schedule;
- charges for unnecessary care, treatment or surgery;
- covered services to the extent that you or any of your dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- charges for or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society;
- general anesthesia or intravenous sedation, beyond a maximum of one hour, when general anesthesia or intravenous sedation is allowable;
- general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management;
- indirect pulp capping on the same date of service as a permanent restoration. CIGNA considers this to be incidental to and part of the charges for services provided and not separately chargeable;
- tissue preparation such as gingivectomy/gingivoplasty or crown lengthening as a separate allowance on the same date as a restoration on the same tooth;
- the replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period;
- a combination of X-rays (such as ten or more periapical X-rays; or a panoramic X-ray with bite-wing X-rays) on the same date of service when the allowance meets or exceeds the allowance for an intraoral complete series of X-rays. Plan reimbursement will be based on an intraoral complete series;

- additional/incremental costs associated with optional/elective orthodontic materials including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances; orthognathic surgery and associated incremental costs; appliances to guide minor tooth movement; appliances to correct harmful habits; and services which are not typically included in Orthodontic Treatment. These services will be identified on a case-by-case basis. This limitation applies when orthodontics is covered under your plan;
- the same covered periodontal surgical service or procedure in the same site or area of the mouth in excess of once per any consecutive 36-month period;
- any covered periodontal scaling and root planing in the same area or quadrant of the mouth in excess of once per any consecutive 24 month period;
- periodontal (gum tissue and supporting bone) regenerative procedures and materials in excess of one per site (or per tooth, if applicable), when covered;
- localized delivery of antimicrobial agents in excess of eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered;
- bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction; or when performed in conjunction with an apicoectomy or periradicular surgery;
- consultations and/or evaluations associated with services that are not covered;
- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis;
- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure;
- localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy;
- charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance;
- charges incurred due to injuries which are intentionally self-inflicted.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.]

[Option 4]

[The following Exclusions and General Limitations are reserved for future use]

Covered Expenses do not include expenses incurred for:

- procedures which are not included in the list of Covered Dental Expenses;
- services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards;
- procedures for which a charge would not have been made if the person had no insurance or for which the person is not legally required to pay;
- any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension;

[Deleted if the TMJ coverage option is elected]

- [procedures, appliances or restorations whose main purpose is to diagnose or treat jaw joint problems, including dysfunction of the temporomandibular joint and craniomandibular disorders, or other conditions of the joints linking the jawbone and skull, including the complex muscles, nerves and other tissues related to that joint;]
- occlusal adjustment or the alteration or restoration of occlusion;
- the restoration of teeth which have been damaged by erosion, attrition, abfraction or abrasion;
- bite registration or bite analysis;
- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance);

- porcelain, resin, or acrylic materials on crowns or pontics on, or replacing the upper or lower first, second and/or third molars;

[Deleted if Plan has coverage for Missing Teeth]

- [the initial placement of a full denture or partial denture unless it includes the replacement of a functioning Natural Tooth extracted while the person is covered under this plan (the removal of only a permanent third molar will not qualify a full or partial denture as a benefit under this provision);]

[Deleted if Plan has coverage for Missing Teeth]

- [the initial placement of a fixed bridge, unless it includes the replacement of a functioning Natural Tooth extracted while the person is covered under this plan. If a bridge replaces teeth that were missing prior to the date the person's coverage became effective and also teeth that are extracted after the person's effective date, benefits are payable only for the pontics replacing those teeth which are extracted while the person was insured under this plan. The removal of only a permanent third molar will not qualify a fixed bridge as a benefit under this provision;]
- services associated with the placement, repair, or removal of a dental implant, or any other services related to implants, unless covered by your specific plan. When covered by your plan, any prosthesis over an implant is subject to the same exclusions, limitations, alternate benefit provisions, time limitations, and missing tooth limitations as standard traditional restorative, fixed and removable prosthetics;
- crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or resin-based composite restoration due to major decay or fracture;
- fixed bridges and/or removable partial dentures with a cast metal framework for patients prior to their 16th birthday;
- core build-ups;
- replacement of a partial denture, full denture, or fixed bridge or the addition of teeth to a partial denture unless:
 - (a) replacement occurs at least 84 consecutive months after the initial date of insertion of the existing full or partial denture; or
 - (b) the partial denture is less than 84 consecutive months old, and the replacement is needed due to a necessary extraction of an additional functioning Natural Tooth while the person is covered under this plan (alternate benefits of adding a tooth to an existing appliance may be applied); or
 - (c) replacement occurs at least 84 consecutive months after the initial date of insertion of an existing fixed bridge. (If the prior bridge is less than 84 consecutive months old, and re-placement is needed due to an additional Necessary extraction of a functioning Natural Tooth while the person is covered under this plan. Benefits will be considered only for the pontic replacing the additionally extracted tooth).
- the replacement of posts/posts and cores, crowns, cast restorations, inlays, onlays or other laboratory prepared restorations within 84 consecutive months of the date of insertion;
- the replacement of a bridge, crown, cast restoration, inlay, onlay or other laboratory pre-pared restoration regardless of age unless necessitated by major decay or fracture of the underlying Natural Tooth;
- the recementation and/or repair of any inlay, onlay, crown, post and core, or fixed bridge within 12 consecutive months of initial placement by the same Dentist or a different Dentist in the same office. CIGNA considers recementation and/or repair within this timeframe to be incidental to and part of the charges for the initial restoration;
- replacement of a partial denture or full denture which can be made serviceable;
- replacement of lost or stolen appliances;
- prescription drugs;
- any procedure, service, supply or appliance used primarily for the purpose of splinting;
- athletic mouth guards;
- occlusal guards (night guards);
- myofunctional therapy;

- precision or semiprecision attachments;
- labial veneers (lamine);
- treatment of jaw fractures and orthognathic surgery;
- services to correct congenital malformations, including the replacement of congenitally miss-ing teeth;
- Orthodontic Treatment, unless covered by your specific plan;
- charges for sterilization of equipment, disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies and infection control. CIGNA considers this to be incidental to and part of the charges for services provided and not separately chargeable;
- charges for travel time; transportation costs; or professional advice given on the phone;
- temporary, transitional or interim dental services;
- diagnostic casts, diagnostic models, or study models;

[Insert appropriate maximum based on Plan election]

- any charge for any treatment performed outside of the United States other than for emergency treatment (any benefits for emergency treatment which is performed outside of the United States will be limited to a maximum of [\$100 - \$200] per consecutive 12-month period;
- oral hygiene, tobacco cessation and diet instruction; broken appointments; completion of claim forms; personal supplies (e.g., water irrigation devices, toothbrush, floss holder, etc.); duplication of x-rays and exams required by a third party;
- outpatient facility or hospital charges, services and supplies;
- charges for or in connection with an injury or illness arising out of, or in the course of any employment for wage or profit;
- charges for or in connection with an injury or illness which is covered under any workers' compensation or similar law;
- charges made by a hospital owned or operated by or which provides care or performs ser-vices for, the United States Government, if such charges are directly related to a military-service-connected condition;
- services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- covered services to the extent that payment is unlawful where the person resides when the expenses are incurred;
- charges which the person is not legally required to pay;
- charges which would not have been made if the person had no insurance;
- covered services to the extent that billed charges exceed the rate of reimbursement as de-scribed in the Schedule;
- charges for unnecessary care, treatment or surgery;
- covered services to the extent that you or any of your dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- charges for or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society;
- charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance;
- charges incurred due to injuries which are intentionally self-inflicted;
- general anesthesia or intravenous sedation, beyond a maximum of one hour, when general anesthesia or intravenous sedation is allowable;
- general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management;

- tissue preparation such as gingivectomy/gingivoplasty or crown lengthening as a separate allowance on the same date as a restoration on the same tooth;
- a combination of X-rays (such as ten or more periapical X-rays; or a panoramic X-ray with bite-wing X-rays) on the same date of service when the allowance meets or exceeds the allowance for an intraoral complete series of X-rays. Plan reimbursement will be based on an intraoral complete series;
- additional/incremental costs associated with optional/elective orthodontic materials including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances; orthognathic surgery and associated incremental costs; appliances to guide minor tooth movement; appliances to correct harmful habits; and services which are not typically included in Orthodontic Treatment. These services will be identified on a case-by-case basis. This limitation applies when orthodontics is covered under your plan;
- periodontal (gum tissue and supporting bone) regenerative procedures and materials in excess of one per site (or per tooth, if applicable), when covered;
- bone grafting and/or guided tissue regeneration when performed at the site of a tooth ex-traction; or when performed in conjunction with an apicoectomy or periradicular surgery;
- consultations and/or evaluations associated with services that are not covered;
- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis;
- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure;

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.]

GENERAL LIMITATIONS SUPPLEMENTAL DENTAL BENEFITS

No payment will be made for expenses incurred for you or any one of your Dependents:

- to the extent that payment is unlawful where the person resides when the expenses are incurred;
- for charges which the person is not legally required to pay;
- for charges which would not have been made if the person had no insurance;
- for charges for unnecessary care or treatment;
- to the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- for or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.

Dental follows the IRS rules for services that can and can not be covered.

COORDINATION OF BENEFITS

This section applies if you or any one of your Dependents is covered under more than one Plan and determines how benefits payable from all such Plans will be coordinated. You should file all claims with each Plan.

Definitions

For the purposes of this section, the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical or dental care or treatment:

- (1) Group insurance and/or group-type coverage, whether insured or self-insured which neither can be purchased by the general public, nor is individually underwritten, including closed panel coverage.
- (2) Governmental benefits as permitted by law, excepting Medicaid, Medicare and Medicare supplement policies.
- (3) Medical benefits coverage of group, group-type, and individual automobile contracts.

Each Plan or part of a Plan which has the right to coordinate benefits will be considered a separate Plan.

Closed Panel Plan

A Plan that provides medical or dental benefits primarily in the form of services through a panel of employed or contracted providers, and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.

Primary Plan

The Plan that determines and provides or pays benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines, and may reduce its benefits after taking into consideration, the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover from the Primary Plan the Reasonable Cash Value of any services it provided to you.

Allowable Expense

A necessary, reasonable and customary service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not Allowable Expenses include, but are not limited to the following:

- (1) An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
- (2) If you are covered by two or more Plans that provide services or supplies on the basis of reasonable and customary fees, any amount in excess of the highest reasonable and customary fee is not an Allowable Expense.
- (3) If you are covered by one Plan that provides services or supplies on the basis of reasonable and customary fees and one Plan that provides services and supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
- (4) If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Such Plan provisions include second surgical opinions and precertification of admissions or services.

Claim Determination Period

A calendar year, but does not include any part of a year during which you are not covered under this policy or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Order of Benefit Determination Rules

A Plan that does not have a coordination of benefits rule consistent with this section shall always be the Primary Plan. If the Plan does have a coordination of benefits rule consistent with this section, the first of the following rules that applies to the situation is the one to use:

- (1) The Plan that covers you as an enrollee or an employee shall be the Primary Plan and the Plan that covers you as a Dependent shall be the Secondary Plan;
- (2) If you are a Dependent child whose parents are not divorced or legally separated, the Primary Plan shall be the Plan which covers the parent whose birthday falls first in the calendar year as an enrollee or employee;
- (3) If you are the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
 - (a) first, if a court decree states that one parent is responsible for the child's healthcare expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
 - (b) then, the Plan of the parent with custody of the child;
 - (c) then, the Plan of the spouse of the parent with custody of the child;
 - (d) then, the Plan of the parent not having custody of the child, and
 - (e) finally, the Plan of the spouse of the parent not having custody of the child.
- (4) The Plan that covers you as an active employee (or as that employee's Dependent) shall be the Primary Plan and the Plan that covers you as laid-off or retired employee (or as that employee's Dependent) shall be the secondary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
- (5) The Plan that covers you under a right of continuation which is provided by federal or state law shall be the Secondary Plan and the Plan that covers you as an active employee or retiree (or as that employee's Dependent) shall be the Primary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
- (6) If one of the Plans that covers you is issued out of the state whose laws govern this Policy, and determines the order of benefits based upon the gender of a parent, and as a result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

If none of the above rules determines the order of benefits, the Plan that has covered you for the longer period of time shall be primary.

Effect on the Benefits of This Plan

If this Plan is the Secondary Plan, this Plan may reduce benefits so that the total benefits paid by all Plans during a Claim Determination Period are not more than 100% of the total of all Allowable Expenses.

The difference between the amount that this Plan would have paid if this Plan had been the Primary Plan, and the benefit payments that this Plan had actually paid as the Secondary Plan, will be recorded as a benefit reserve for you. CIGNA will use this benefit reserve to pay any Allowable Expense not otherwise paid during the Claim Determination Period.

As each claim is submitted, CIGNA will determine the following:

- (1) CIGNA's obligation to provide services and supplies under this policy;
- (2) whether a benefit reserve has been recorded for you; and
- (3) whether there are any unpaid Allowable Expenses during the Claims Determination Period.

If there is a benefit reserve, CIGNA will use the benefit reserve recorded for you to pay up to 100% of the total of all Allowable Expenses. At the end of the Claim Determination Period, your benefit reserve will return to zero and a new benefit reserve will be calculated for each new Claim Determination Period.

Recovery of Excess Benefits

If CIGNA pays charges for benefits that should have been paid by the Primary Plan, or if CIGNA pays charges in excess of those for which we are obligated to provide under the Policy, CIGNA will have the right to recover the actual payment made or the Reasonable Cash Value of any services.

CIGNA will have sole discretion to seek such recovery from any person to, or for whom, or with respect to whom, such services were provided or such payments made by any insurance company, healthcare plan or other organization. If we request, you must execute and deliver to us such instruments and documents as we determine are necessary to secure the right of recovery.

Right to Receive and Release Information

CIGNA, without consent or notice to you, may obtain information from and release information to any other Plan with respect to you in order to coordinate your benefits pursuant to this section. You must provide us with any information we request in order to coordinate your benefits pursuant to this section. This request may occur in connection with a submitted claim; if so, you will be advised that the "other coverage" information, (including an Explanation of Benefits paid under the Primary Plan) is required before the claim will be processed for payment. If no response is received within 90 days of the request, the claim will be denied. If the requested information is subsequently received, the claim will be processed.

EXPENSES FOR WHICH A THIRD PARTY MAY BE RESPONSIBLE

This plan does not cover:

1. Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.
2. Expenses incurred by a Participant to the extent any payment is received for them either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage.

RIGHT OF REIMBURSEMENT

If a Participant incurs a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which the Participant may receive payment as described above, the plan is granted a right of reimbursement, to the extent of the benefits provided by the plan, from the proceeds of any recovery whether by settlement, judgment, or otherwise.

LIEN OF THE PLAN

By accepting benefits under this plan, a Participant:

- grants a lien and assigns to the plan an amount equal to the benefits paid under the plan against any recovery made by or on behalf of the Participant which is binding on any attorney or other party who represents the Participant whether or not an agent of the Participant or of any insurance company or other financially responsible party against whom a Participant may have a claim provided said attorney, insurance carrier or other party has been notified by the plan or its agents;
- agrees that this lien shall constitute a charge against the proceeds of any recovery and the plan shall be entitled to assert a security interest thereon;
- agrees to hold the proceeds of any recovery in trust for the benefit of the plan to the extent of any payment made by the plan.

ADDITIONAL TERMS

- No adult Participant hereunder may assign any rights that it may have to recover medical expenses from any third party or other person or entity to any minor Dependent of said adult Participant without the prior express written consent of the plan. The plan's right to recover shall apply to decedents', minors', and incompetent or disabled persons' settlements or recoveries.
- No Participant shall make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the plan.
- The plan's right of recovery shall be a prior lien against any proceeds recovered by the Participant. This right of recovery shall not be defeated nor reduced by the application of any so-called "Made-Whole Doctrine", "Rimes Doctrine", or any other such doctrine purporting to defeat the plan's recovery rights by allocating the proceeds exclusively to non-medical expense damages.
- No Participant hereunder shall incur any expenses on behalf of the plan in pursuit of the plan's rights hereunder, specifically; no court costs, attorneys' fees or other representatives' fees may be deducted from the plan's recovery without the prior express written consent of the plan. This right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".

- The plan shall recover the full amount of benefits provided hereunder without regard to any claim of fault on the part of any Participant, whether under comparative negligence or otherwise.
- In the event that a Participant shall fail or refuse to honor its obligations hereunder, then the plan shall be entitled to recover any costs incurred in enforcing the terms hereof including, but not limited to, attorney's fees, litigation, court costs, and other expenses. The plan shall also be entitled to offset the reimbursement obligation against any entitlement to future medical benefits hereunder until the Participant has fully complied with his reimbursement obligations hereunder, regardless of how those future medical benefits are incurred.
- Any reference to state law in any other provision of this plan shall not be applicable to this provision, if the plan is governed by ERISA. By acceptance of benefits under the plan, the Participant agrees that a breach hereof would cause irreparable and substantial harm and that no adequate remedy at law would exist. Further, the Plan shall be entitled to invoke such equitable remedies as may be necessary to enforce the terms of the plan, including, but not limited to, specific performance, restitution, the imposition of an equitable lien and/or constructive trust, as well as injunctive relief.

[PAYMENT OF BENEFITS

To Whom Payable

Dental Benefits are assignable to the provider. When you assign benefits to a provider, you have assigned the entire amount of the benefits due on that claim. If the provider is overpaid because of accepting a patient's payment on the charge, it is the provider's responsibility to reimburse the patient. Because of CIGNA's contracts with providers, all claims from contracted providers should be assigned.

CIGNA may, at its option, make payment to you for the cost of any Covered Expenses from a Non-Participating Provider even if benefits have been assigned. When benefits are paid to you or your Dependent, you or your Dependent is responsible for reimbursing the provider.

If any person to whom benefits are payable is a minor or, in the opinion of CIGNA is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. If no request for payment has been made by his legal guardian, CIGNA may, at its option, make payment to the person or institution appearing to have assumed his custody and support.

When one of our participants passes away, CIGNA may receive notice that an executor of the estate has been established. The executor has the same rights as our insured and benefit payments for unassigned claims should be made payable to the executor.

Payment as described above will release CIGNA from all liability to the extent of any payment made.

Recovery of Overpayment

When an overpayment has been made by CIGNA, CIGNA will have the right at any time to: (a) recover that overpayment from the person to whom or on whose behalf it was made; or (b) offset the amount of that overpayment from a future claim payment.

[Bracketed text will be included or deleted, based on Policyholder election.]

[Calculation of Covered Expenses

CIGNA, in its discretion, will calculate Covered Expenses following evaluation and validation of all provider billings in accordance with:

- the methodologies in the most recent edition of the Current Procedural terminology.
- the methodologies as reported by generally recognized professionals or publications.]]

[Insert Miscellaneous paragraph when Healthy Reward Program is included]

[Miscellaneous

As a CIGNA Dental plan member, you may be eligible for various discounts, benefits, or other consideration for the purpose of promoting your general health and well being. Please visit our website at www.cigna.com for details.]

[Insert Miscellaneous paragraph when Oral Health Integration Program is elected. Bracketed text may be removed]

[Miscellaneous

If you are a CIGNA Dental plan member[as well as a member of a CIGNA medical plan,] you may be eligible for additional dental benefits during certain episodes of care. For example, certain frequency limitations for dental services may be relaxed for pregnant women, diabetics or those with cardiac disease. Please review your plan enrollment materials for details.]

TERMINATION OF INSURANCE – EMPLOYEES

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is canceled.
- the date your Active Service ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

[Temporary Layoff or Leave of Absence

If your Active Service ends due to temporary layoff or leave of absence, your insurance will be continued until the date your Employer: (a) stops paying premium for you; or (b) otherwise cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends.]

Injury or Sickness

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, the insurance will not continue past the date your Employer stops paying premium for you or otherwise cancels the insurance.

[Retirement

If your Active Service ends because you retire, your insurance will be continued until the date on which your Employer stops paying premium for you or otherwise cancels the insurance.]

[TERMINATION OF INSURANCE – DEPENDENTS

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases[, except when you die].
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the date Dependent Insurance is canceled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

[Dependent Dental Insurance After Your Death

If you are insured for Dental Insurance when you die, any of your Dependents who are then insured for such insurance will remain so insured without further payment of premiums for them. The insurance on any of those Dependents will remain in force until the earliest date below:

- the last day of the 24th month after your death;
- the date of remarriage of a surviving spouse, if any;
- the date that Dependent ceases to qualify as a Dependent for a reason other than lack of primary support by you.

The Dependent benefits payable after you die will be those in effect for your Dependents on the day prior to your death.]]

TERMINATION OF SUPPLEMENTAL DENTAL BENEFITS

EMPLOYEES

Your Supplemental Dental Benefits will cease on the earliest date below:

- The date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- The date your coverage under the Employer's Group Dental Benefits Plan ceases.
- The date the Supplemental Dental Benefits policy is canceled.
- The date your Active Service ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

[Temporary Layoff or Leave of Absence

If your Active Service ends due to temporary layoff or leave of absence, your insurance will be continued until the date your Employer: (a) stops paying premium for you; or (b) otherwise cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends.]

Injury or Sickness

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, your insurance will not continue past the date your Employer stops paying premium for you or otherwise cancels your insurance.

Include Dependent text sections if Dependent Coverage is elected.

[DEPENDENTS

Your Supplemental Dental Benefits for all of your Dependents will cease on the earliest date below:

- The date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance
- The date your coverage under the Employer's Group Dental Benefits Plan ceases.
- The date the Supplemental Dental Benefits policy is canceled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent, as defined under the Employer's Group Dental Plan.]

[Delete if Plan does not elect Benefits Extension]

[Delete if Plan is Class I Only]

[Delete bracketed bullet[s] if service listed is not covered by the plan]

[Dental Benefits Extension]

An expense incurred in connection with a Dental Service that is completed after a person's benefits cease will be deemed to be incurred while he is insured if:

- [for fixed bridgework and full or partial dentures, the first impressions are taken and/or abutment teeth fully prepared while he is insured and the device installed or delivered to him within 3 calendar months after his insurance ceases.]
- [for a crown, inlay or onlay, the tooth is prepared while he is insured and the crown, inlay or onlay installed within 3 calendar months after his insurance ceases.]
- [for root canal therapy, the pulp chamber of the tooth is opened while he is insured and the treatment is completed within 3 calendar months after his insurance ceases.]

There is no extension for any Dental Service not shown above.]

The Following Will Apply To Residents of Arkansas When You Have A Complaint Or An Appeal

For the purposes of this section, any reference to "you", "your" or "Member" also refers to a representative or provider designated by you to act on your behalf, unless otherwise noted.

We want you to be completely satisfied with the care you receive. That is why we have established a process for addressing your concerns and solving your problems.

Start with Member Services

We are here to listen and help. If you have a concern regarding a person, a service, the quality of care, or contractual benefits, you can call our toll-free number and explain your concern to one of our Customer Service representatives. You can also express that concern in writing. Please call or write to us at the following:

Customer Services Toll-Free Number or address that appears on your Benefit Identification card, explanation of benefits or claim form.

We will do our best to resolve the matter on your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, but in any case within 30 days.

If you are not satisfied with the results of a coverage decision, you can start the appeals procedure.

Appeals Procedure

CIGNA has a two step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request for an appeal in writing within 365 days of receipt of a denial notice. You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable or choose not to write, you may ask to register your appeal by telephone. Call or write to us at the toll-free number or address on your Benefit Identification card, explanation of benefits or claim form.

Level One Appeal

[Your appeal will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity or clinical appropriateness will be considered by a health care professional.

For level one appeals, we will respond in writing with a decision within 30 calendar days after we receive an appeal for a postservice coverage determination. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

A dental professional, in consultation with the treating Dentist, will decide if an expedited review is necessary. When a review is expedited, CIGNA Dental will respond orally with a decision within 72 hours, followed up in writing.

If you are not satisfied with our level-one appeal decision, you may request a level-two appeal.]

Level Two Appeal

[If you are dissatisfied with our level one appeal decision, you may request a second review. To start a level two appeal, follow the same process required for a level one appeal.

Most requests for a second review will be conducted by the Appeals Committee, which consists of at least three people. Anyone involved in the prior decision may not vote on the Committee. For appeals involving Medical Necessity or clinical appropriateness, the Committee will consult with at least one Dentist reviewer in the same or similar specialty as the care under consideration, as determined by CIGNA's Dentist reviewer. You may present your situation to the Committee in person or by conference call.

For level two appeals we will acknowledge in writing that we have received your request and schedule a Committee review. For postservice claims, the Committee review will be completed within 30 calendar days. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed by the Committee to complete the review. You will be notified in writing of the Committee's decision within five working days after the Committee meeting, and within the Committee review time frames above if the Committee does not approve the requested coverage.

A dental professional, in consultation with the treating Dentist, will decide if an expedited review is necessary. When a review is expedited, the Dental Plan will respond orally with a decision within 72 hours, followed up in writing.]

[Independent Review Procedure

If you are not fully satisfied with the decision of CIGNA's level two appeal review regarding your Medical Necessity or clinical appropriateness issue, you may request that your appeal be referred to an Independent Review Organization. The Independent Review Organization is composed of persons who are not employed by CIGNA HealthCare or any of its affiliates. A decision to use the voluntary level of appeal will not affect the claimant's rights to any other benefits under the plan.

There is no charge for you to initiate this independent review process. CIGNA will abide by the decision of the Independent Review Organization.

In order to request a referral to an Independent Review Organization, certain conditions apply. The reason for the denial must be based on a Medical Necessity or clinical appropriateness determination by CIGNA. Administrative, eligibility or benefit coverage limits or exclusions are not eligible for appeal under this process.

To request a review, you must notify the Appeals Coordinator within 180 days of your receipt of CIGNA's level two appeal review denial. CIGNA will then forward the file to the Independent Review Organization.

The Independent Review Organization will render an opinion within 30 days. When requested and when a delay would be detrimental to your condition, as determined by CIGNA's Dentist reviewer, the review shall be completed within three days.

The Independent Review Program is a voluntary program arranged by CIGNA.]

Appeal to the State of Arkansas

You have the right to contact the Arkansas Insurance Department for assistance at any time. The Consumer Services Division may be contacted at the following address and telephone number:

Arkansas Insurance Department
Consumer Services Division
Third and Cross Streets
Little Rock, AR 72201
501-371-2640
501-371-2749 Fax
or call: 1-800-852-5494

Notice of Benefit Determination on Appeal

Every notice of a determination on appeal will be provided in writing or electronically and, if an adverse determination, will include: (1) the specific reason or reasons for the adverse determination; (2) reference to the specific plan provisions on which the determination is based; (3) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant Information as defined; (4) a statement describing any voluntary appeal procedures offered by the plan and the claimant's right to bring an action under ERISA section 502(a); (5) upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit.

You also have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the decision on review. You or your plan may have other voluntary alternative dispute resolution options such as Mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your State insurance regulatory agency. You may also contact the Plan Administrator.

Relevant Information

Relevant Information is any document, record, or other information which (a) was relied upon in making the benefit determination; (b) was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; (c) demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or (d) constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit or the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

Legal Action

If your plan is governed by ERISA, you have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against CIGNA until you have completed the Level One and Level Two Appeal processes. If your Appeal is expedited, there is no need to complete the Level Two process prior to bringing legal action.

DEFINITIONS

[Active Service]

You will be considered in Active Service:

- on any of your Employer's scheduled work days if you are performing the regular duties of your work on a full-time basis on that day either at your Employer's place of business or at some location to which you are required to travel for your Employer's business.
- on a day which is not one of your Employer's scheduled work days if you were in Active Service on the preceding scheduled work day.]

DEFINITIONS

Chewing Injury

Chewing Injury means an injury which occurs during the act of chewing or biting. The injury may be caused by biting on a foreign object not expected to be a normal constituent of food; by parafunctional (i.e., abnormal) habits such as chewing on eyeglass frames or pencils; or biting down on a suddenly dislodged or loose dental prosthesis.

DEFINITIONS

Coinsurance

The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the Plan.

DEFINITIONS

Contracted Fee

The term Contracted Fee refers to the total compensation level that a provider has agreed to accept as payment for dental procedures and services performed on an Employee or Dependent, according to the Employee's dental benefit plan.

DEFINITIONS

Covered Dental Injury

Covered Dental Injury means all damage to a covered person's mouth due to an accident caused by an External Force, and all complications arising from that damage. The term Covered Dental Injury does not include damage to teeth, dental appliances or prosthetic devices which results from chewing or biting food or other substances. A Chewing Injury is not a Covered Dental Injury.

DEFINITIONS

Dentist

The term Dentist means a person practicing dentistry or oral surgery within the scope of his license. It will also include a physician operating within the scope of his license when he performs any of the Dental Services described in the policy.

DEFINITIONS

Dependent

[Dependents are:

- your lawful spouse; *[Add bullet if Domestic Partners are covered]* [or
- your Domestic Partner; and]

[If Policyholder chooses to comply with PPACA for dependent coverage “unmarried” will be removed from the bullet below]

- any [unmarried] child of yours who is

[Revise age based on policyholder selection – standard is 19 for non-student and 23 for Students – age range is 19-99. If Policyholder chooses to comply with PPACA dependent age, the age under the first bullet will be age 26. If the policyholder choose to cover students beyond the PPACA Age of 26 the student bullet age will begin at age 26 and “unmarried” will be added to the student bullet.]

- [less than [19-99] years old.]
- [19-99] years but less than [23-99] years old, [unmarried], enrolled in school as a full-time student and primarily supported by you.]
- [19] or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability. Notice of the child's condition and dependence must be submitted to CIGNA after the date the child ceases to qualify above.

[Add bracketed text if Domestic Partners are covered]

The term child means a child born to you or a child legally adopted by you from the date you file a petition for adoption. It also includes a stepchild who lives with you. [If your Domestic Partner has a child who lives with you, that child will also be included as a Dependent.]

[Add “or student” if separate student bullet is added above] *[Insert one of the three choices based on policyholder selection]*

[Benefits for a Dependent child [or student] will continue until the last day before your Dependent's birthday, in the year in which the limiting age is reached.] [Benefits for a Dependent child [or student] will continue until the last day of the calendar month in which the limiting age is reached.] [Benefits for a Dependent child [or student] will continue until the last day of the calendar year in which the limiting age is reached.]

Anyone who is eligible as an Employee will not be considered as a Dependent.

No one may be considered as a Dependent of more than one Employee.]

DEFINITIONS

[Domestic Partner

A Domestic Partner is defined as a person of the same or opposite sex who:

- shares your permanent residence;
- has resided with you for no less than one year;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing documentation of at least two of the following arrangements: common ownership of real property or a common leasehold interest in such property; community ownership of a motor vehicle; a joint bank account or a joint credit account; designation as a beneficiary for life insurance or retirement benefits or under your partner's will; assignment of a durable power of attorney or health care power of attorney; or such other proof as is considered by CIGNA to be sufficient to establish financial interdependency under the circumstances of your particular case;
- is not a blood relative any closer than would prohibit legal marriage; and
- has signed jointly with you, a notarized affidavit attesting to the above which can be made available to CIGNA upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- has signed a Domestic Partner affidavit or declaration with any other person within twelve months prior to designating each other as Domestic Partners hereunder;
- is currently legally married to another person; or
- has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

The section of this certificate entitled "COBRA Continuation Rights Under Federal Law" will not apply to your Domestic Partner and his or her Dependents.]

DEFINITIONS

[Employee

The term Employee means a full-time employee of the Employer who is currently in Active Service. The term does not include employees who are part-time or temporary or who normally work less than 30 hours a week for the Employer.]

DEFINITIONS

[Employer

The term Employer means the Policyholder and all Affiliated Employers.]

DEFINITIONS

[Employer

The term Employer means an employer participating in the fund which is established under the agreement of Trust for the purpose of providing insurance.]

DEFINITIONS

External Force

External Force means any sudden, unexpected impact from outside the oral cavity.

DEFINITIONS

Functioning Natural Tooth

Functioning Natural Tooth means a Natural Tooth which is performing its normal role in the mastication (i.e., chewing) process in the covered person's upper or lower arch and which is opposed in the covered person's other arch by another natural tooth or prosthetic (i.e., artificial) replacement.

DEFINITIONS

Handicapping Malocclusion

Handicapping Malocclusion means a malocclusion which severely interferes with the ability of a person to chew food, as determined by CIGNA.

DEFINITIONS

Maximum Reimbursable Charge - Dental

The Maximum Reimbursable Charge is the lesser of:

1. the provider's normal charge for a similar service or supply; or
2. the policyholder-selected percentile of all charges made by providers of such service or supply in the geographic area where it is received.

To determine if a charge exceeds the Maximum Reimbursable Charge, the nature and severity of the Injury or Sickness may be considered.

CIGNA uses the Ingenix Prevailing Health Care System database to determine the charges made by providers in an area. The database is updated semiannually.

The percentile used to determine the Maximum Reimbursable Charge is listed in the Schedule.

Additional information about the Maximum Reimbursable Charge is available upon request.

DEFINITIONS

[Medicaid

The term Medicaid means a state program of medical aid for needy persons established under Title XIX of the Social Security Act of 1965 as amended.]

DEFINITIONS

[Medicare

The term Medicare means the program of medical care benefits provided under Title XVIII of the Social Security Act of 1965 as amended.]

DEFINITIONS

Medically Necessary and/or Dentally Necessary

Services provided by a Dentist or Physician as determined by CIGNA are Medically/Dentally Necessary if they are:

- (1) required for the diagnosis and/or treatment of the particular dental condition or disease; and
- (2) consistent with the symptom or diagnosis and treatment of the dental condition or disease; and
- (3) commonly and usually noted throughout the medical/dental field as proper to treat the diagnosed dental condition or disease; and
- (4) the most fitting level or service which can safely be given to you or your Dependent.

A: (1) diagnosis, (2) treatment and (3) service with respect to a dental condition or disease, is not Medically/Dentally Necessary if made, prescribed or delivered solely for convenience of the patient or provider.

DEFINITIONS

Natural Tooth

Natural Tooth means any tooth or part of a tooth that is organic and formed by the natural development for the body (i.e., not manufactured). Organic portions of a tooth include the crown enamel and dentin, the root cementum and dentin, and the enclosed pulp (nerve).

DEFINITIONS

Necessary

Necessary means a procedure, service or supply which is required by, and appropriate for, treatment of the covered person's dental condition according to broadly accepted standards of care, as determined by CIGNA in consultation with our dental consultant.

DEFINITIONS

Orthodontic Treatment

Orthodontic Treatment means the corrective movement of the teeth through the alveolar bone by means of an active appliance to correct a handicapping malocclusion of the mouth.

DEFINITIONS

Participating Provider

The term Participating Provider means: a dentist, or a professional corporation, professional association, partnership, or other entity which is entered into a contract with CIGNA to provide dental services at predetermined fees.

The providers qualifying as Participating Providers may change from time to time. A list of the current Participating Providers will be provided by your Employer.

DEFINITIONS

[Participation Date

The term Participation Date means the later of:

- The Effective Date of the policy; or
- The date on which your Employer becomes a participant in the plan of insurance authorized by the agreement of Trust.]

DEFINITIONS

Scheduled Amount

The term Scheduled Amount refers to:

- a predetermined maximum benefit listed by procedure code. The benefit level will be the provider charge or the scheduled amount, whichever is less.

DEFINITIONS

Usual Fee

The customary fee that an individual Dentist most frequently charges for a given dental service.

CIGNA HEALTH AND LIFE INSURANCE COMPANY
a CIGNA COMPANY (hereinafter called CIGNA)

CERTIFICATE RIDER

No. CR [1]

[2]

Policyholder: [ABC Company]

Rider Eligibility: [All Insured Employees]

Policy No. or Nos. [A1234567]

[Certificate Rider issued to: [John Doe]]

Effective Date: [September 1, 2010]

CIGNA will process all claims for benefits while the policy is in effect. CIGNA and the Policyholder are liable for funding benefits as follows:

The Policyholder will fund all benefits in each Policy Month up to an amount agreed upon by the Policyholder and CIGNA. CIGNA will fund benefits in excess of that amount.

When the policy ceases, the Policyholder will fund all policy benefits:

1. for claims incurred before the policy ceases; and
2. for claims incurred after the policy ceases and are payable under any extension of benefits provisions.

This certificate rider forms a part of the certificate issued to you by CIGNA describing the benefits provided under the policy(ies) specified above.



Shermona Mapp, Corporate Secretary

CIGNA HEALTH AND LIFE INSURANCE COMPANY
a CIGNA COMPANY (hereinafter called CIGNA)

CERTIFICATE RIDER

No. CR [1]

[2]

Policyholder: [ABC Company]

Rider Eligibility: [All Insured Employees]

Policy No. or Nos. [A1234567]

[Certificate Rider issued to: [John Doe]]

Effective Date: [September 1, 2010] if you are in Active Service on that date; otherwise, on the date you return to Active Service. If you are not insured for the benefits described in your certificate on that date, the effective date of this certificate rider will be the date you become insured.

This certificate rider forms a part of the certificate issued to you by CIGNA describing the benefits provided under the policy(ies) specified above.

A handwritten signature in black ink, appearing to read "Shermona Mapp". The signature is fluid and cursive, with the first name "Shermona" and the last name "Mapp" clearly distinguishable.

Shermona Mapp, Corporate Secretary

[Insert rider text here.]

SERFF Tracking Number: CCGH-126664583 State: Arkansas
 Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 46241
 Company Tracking Number: 20967064
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Group Dental Benefits
 Project Name/Number: CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/13/2010
Comments:		
Attachment:		
SERFF - CHLIC Readability Certificate _Dental_ - 05-10-10.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/13/2010
Comments:		
Attachment:		
HP-APP-1 cat # 831494 (Generic).pdf		

	Item Status:	Status Date:
Satisfied - Item: Forms List	Approved-Closed	08/13/2010
Comments:		
Attachment:		
SERFF - CHLIC Forms Listing (Dental) - 05-10-10.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	08/13/2010
Comments:		
Attachment:		
SERFF - CHLIC _Dental_ Statement of Variability - 05-14-10....pdf		

CIGNA HEALTH AND LIFE INSURANCE COMPANY
Group Forms

This is to certify that the forms listed below are in compliance with state readability laws and regulations and the NAIC Life and Health Insurance Policy Language Simplification Model Act.

A. Option Selected

Certificate pages are scored as a group for the Flesch reading ease test.

Form and Form Numbers to Which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Group Dental Policy and Certificate Forms	HP-POL et al.	50.26

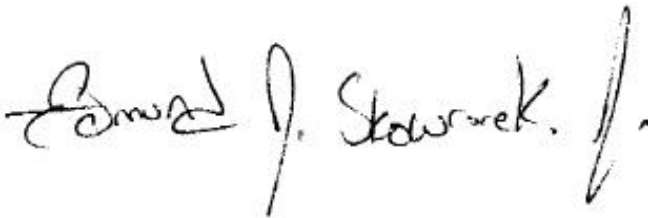
B. Test Option Selected

Test was applied to certificate insert pages as a group.

C. Standards for Certification

The following standards have been achieved:

1. The text achieved the minimum score of 50.26 on the Flesch reading ease test in accordance with section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs, or constructions are not used.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy.
8. Any words which are defined in the policy(ies) and any medical terminology have been excluded from the Flesch test score.



Edmund J. Skowronek, Jr.

Director
Officer's Title

July 10, 2010
Date

Application

Insured and/or Administered by
CIGNA Health and Life Insurance Company
900 Cottage Grove Road
Hartford, CT 06152



1. Name of Applicant		2. Main Address	
3. Nature of Business			
4. Classes and Locations of Individuals Eligible		5. Subsidiary and Affiliated Companies Included	
6. Total Number of Individuals Eligible		For Individual Benefits	
		For Dependent Benefits	
Have any of the classes of individuals eligible been covered under a group insurance policy or any other form of group plan within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please specify the benefits, the underwriting company or organization, and the dates these benefits were terminated.</i>			
7. Group Insurance Applied For: <i>(Please check all that apply)</i>			
Individual Dependent		Individual Dependent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Effective Date Requested: _____ Group Insurance at the Insurance Company's rates and under the terms of the policy(s) applied for will take effect on the Effective Date Requested if the Application is accepted at the Home Office of the Insurance Company. If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of: the date the required number have enrolled, or on the Effective Date Requested. If this Application is not accepted, no insurance will become effective. Any premium advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.			
9. THE APPLICANT DECLARES: that he has read the above statement and the answers to the above questions are complete and true. The Applicant agrees: (1) that this Application is offered as an inducement for the Group Insurance applied for; (2) that the terms and conditions of the Insurance Company's Proposal for the Group Insurance applied for forms a part of this Application and that this Application will form a part of any policy(s) issued; (3) that only the information on this Application will bind the Insurance Company; and (4) that no waiver or change will bind the Insurance Company unless signed by an Executive Officer of the Insurance Company. Group Insurance will only be provided for persons eligible under the policy(s) issued.			
Dated at _____ on _____			
Name of Applicant _____			
By _____ Title _____			
Witness _____ Soliciting Agent if other than Witness _____			
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.			
STATEMENT TO BE SIGNED BY APPLICANT UPON PAYMENT OF THE PREMIUM OR ANY PART THEREOF			
I HEREBY DECLARE that I have paid to _____ Agent			
_____ Dollars for which I hold his receipt.			
Date _____ Applicant _____			
Agent _____ Agent's License No. _____			

Conditional Receipt

Insured and/or Administered by
CIGNA Health and Life Insurance Company
900 Cottage Grove Road
Hartford, CT 06152



Received of _____ Dollars

to be applied against the first premium on the proposed Group Insurance under this Application. This payment is made and accepted subject to the following conditions. Group Insurance at the Insurance Company's rates and under the terms of the policy(s) applied for will take effect as of the Effective Date Requested if the Application is accepted at the Home Office of the Insurance Company. If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of: the date the required number have enrolled, or on the Effective Date Requested. If the Application is not accepted, no insurance will become effective. Any premium payment advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.

Date _____ Agent _____ Agent's License No. _____

CIGNA Health & Life Insurance Company (CIGNA)
Dental Forms List – 04/10
Arkansas

Form Number	Form Description
HP-POL77	Policy
HP-APP1	Policy Application
HP-AMD1	Policy Amendment – General Use
HP-AMD4	Policy Amendment – Minimum Premium
HC-TOC2	Table of Contents
HC-CER2	Certifying Page
HC-SPP4	Special Plan Provisions – Notice of an Appeal or a Grievance
HC-IMP70	Important Notices
HC-CLM1	How to File Your Claim
HC-ELG1	Eligibility – Effective Date
HC-LEL1	Dental Late Entrant Limit
HC-ELG3	Eligibility – Effective Date – Dental Expense Reimbursement Plans
HC-IMP2	Important Information About your Dental Plan – CDO/FlexAdvantage
HC-SOC5	The Schedule – Dental PPO
HC-SOC14	The Schedule – Traditional Dental
HC-DBW1	Dental Benefit Waiting Period
HC-MTL1	Missing Teeth Limitation
HC-DEN1	Dental Covered Services Intro – Covered Dental Expense, Alternate Benefit Provision, Covered Services Intro
HC-DEN2	Dental Covered Services Payment Formula
HC-DEN3	Dental Covered Services Class I (Preventive & Diagnosis)
HC-DEN4	Dental Covered Services Class II (Basic Restorative Services)
HC-DEN5	Dental Covered Services Class III(Major Restorative Services)
HC-DEN6	Dental Covered Services Class IV (Orthodontia)
HC-DEN7	Dental Covered Services Class V (TMJ)
HC-DEN8	Dental Covered Services Class IX (Implants)
HC-DRP1	Covered Expenses – Dental Expense Reimbursement Plans
HC-DES1	Plan 8 Class I
HC-DES2	Plan 8 Class II
HC-DES3	Plan 8 Class III
HC-DES4	Plan 8 Class IV
HC-DES5	Plan 9 Class I
HC-DES6	Plan 9 Class II
HC-DES7	Plan 9 Class III
HC-DES8	Plan 9 Class IV
HC-DES9	Plan 10 Class I
HC-DES10	Plan 10 Class II
HC-DES11	Plan 10 Class III
HC-DES12	Plan 10 Class IV
HC-DES13	Plan 11 Class I

CIGNA Health & Life Insurance Company (CIGNA)
Dental Forms List – 04/10
Arkansas

Form Number	Form Description
HC-DES14	Plan 11 Class II
HC-DES15	Plan 11 Class III
HC-DES16	Plan 11 Class IV
HC-DES17	Plan 12 Class I
HC-DES18	Plan 12 Class II
HC-DES19	Plan 12 Class III
HC-DES20	Plan 12 Class IV
HC-DES21	Plan 13 Class I
HC-DES22	Plan 13 Class II
HC-DES23	Plan 13 Class III
HC-DES24	Plan 13 Class IV
HC-DES25	Plan 14 Class I
HC-DES26	Plan 14 Class II
HC-DES27	Plan 14 Class III
HC-DES28	Plan 14 Class IV
HC-DES29	Plan 15 Class I
HC-DES30	Plan 15 Class II
HC-DES31	Plan 15 Class III
HC-DES32	Plan 15 Class IV
HC-DES33	Plan 16 Class I
HC-DES34	Plan 16 Class II
HC-DES35	Plan 16 Class III
HC-DES36	Plan 16 Class IV
HC-DES37	Plan 17 Class I
HC-DES38	Plan 17 Class II
HC-DES39	Plan 17 Class III
HC-DES40	Plan 17 Class IV
HC-DES41	Plan 18 Class I
HC-DES42	Plan 18 Class II
HC-DES43	Plan 18 Class III
HC-DES44	Plan 18 Class IV
HC-DES45	Plan 19 Class I
HC-DES46	Plan 19 Class II
HC-DES47	Plan 19 Class III
HC-DES48	Plan 19 Class IV
HC-DES49	Plan 20 Class I
HC-DES50	Plan 20 Class II
HC-DES51	Plan 20 Class III
HC-DES52	Plan 20 Class IV
HC-DES53	Plan 21 Class I
HC-DES54	Plan 21 Class II
HC-DES55	Plan 21 Class III
HC-DES56	Plan 21 Class IV
HC-DES57	Plan 22 Class I

CIGNA Health & Life Insurance Company (CIGNA)
Dental Forms List – 04/10
Arkansas

Form Number	Form Description
HC-DES58	Plan 22 Class II
HC-DES59	Plan 22 Class III
HC-DES60	Plan 22 Class IV
HC-DES61	Plan 23 Class I
HC-DES62	Plan 23 Class II
HC-DES63	Plan 23 Class III
HC-DES64	Plan 23 Class IV
HC-DES65	Plan 24 Class I
HC-DES66	Plan 24 Class II
HC-DES67	Plan 24 Class III
HC-DES68	Plan 24 Class IV
HC-DES69	Plan 25 Class I
HC-DES70	Plan 25 Class II
HC-DES71	Plan 25 Class III
HC-DES72	Plan 25 Class IV
HC-DES73	Plan 26 Class I
HC-DES74	Plan 26 Class II
HC-DES75	Plan 26 Class III
HC-DES76	Plan 26 Class IV
HC-DES77	Plan 27 Class I
HC-DES78	Plan 27 Class II
HC-DES79	Plan 27 Class III
HC-DES80	Plan 27 Class IV
HC-DES81	Plan 33 Class I
HC-DES82	Plan 33 Class II
HC-DES83	Plan 33 Class III
HC-DES84	Plan 34 Class I
HC-DES85	Plan 34 Class II
HC-DES86	Plan 34 Class III
HC-DES87	Scheduled Plan Class V
HC-DEX1	Expenses Not Covered, Exclusions and Limitations
HC-DRP2	Expenses Not Covered, Exclusions and Limitations – Dental Expense Reimbursement Plans
HC-COB6	Coordination of Benefits – Non-Dup
HC-SUB2	Expenses for Which a Third Party May be Liable
HC-POB4	Payment of Benefits
HC-POB5	Payment of Benefits Dental Misc. & OHIP
HC-TRM3	Termination
HC-TRM4	Termination - – Dental Expense Reimbursement Plans
HC-BEX3	Dental Benefit Extension
HC-APL94	Appeals
HC-DFS1	Definition - Active Service
HC-DFS121	Definition –Chewing Injury

CIGNA Health & Life Insurance Company (CIGNA)
Dental Forms List – 04/10
Arkansas

Form Number	Form Description
HC-DFS122	Definition –Coinsurance
HC-DFS123	Definition –Contracted Fee
HC-DFS124	Definition – Covered Dental Injury
HC-DFS125	Definition –Dentist
HC-DFS329	Definition - Dependent
HC-DFS47	Definition - Domestic Partner
HC-DFS7	Definition - Employee
HC-DFS8	Definition - Employer
HC-DFS9	Definition - Employer (Trust)
HC-DFS127	Definition –External Force
HC-DFS128	Definition –Functioning Natural Tooth
HC-DFS129	Definition –Handicapping Malocclusion
HC-DFS130	Definition –Maximum Reimbursable Charge
HC-DFS131	Definition – Maximum Reimbursable Charge - EPO
HC-DFS16	Definition - Medicaid
HC-DFS17	Definition - Medicare
HC-DFS132	Definition –Medically Necessary and/or Dentally Necessary
HC-DFS133	Definition –Natural Tooth
HC-DFS134	Definition –Necessary
HC-DFS135	Definition –Orthodontic Treatment
HC-DFS136	Definition –Participating Provider
HC-DFS18	Definition –Participation Date (Trustee)
HC-DFS137	Definition –Scheduled Amount
HC-DFS138	Definition –Usual Fee
HC-MPR1	Minimum Premium Rider
HC-RDR1	Certificate Rider – General Use

CIGNA Health and Life Insurance Company

Statement of Variability Forms HP-POL et al. and HC-TOC et al.

General

1. To the extent that variable changes are made, they will not be ambiguous or deceptive.
2. Titles or names – such as the product name – may change, but their relation to the matter to which they pertain will not be ambiguous or deceptive.
3. Fill in text has been presented in “John Doe” format.
4. Connective words and phrases that only serve the grammatical purpose of meaningful continuity may vary as the sense demands.
5. Wording may vary in order to facilitate and/or to clarify the meaning of terms and benefits conveyed in the coverage. Examples of such changes include but are not limited to: benefit provisions may be rewritten at the request of a Policyholder to clarify the Policyholder’s understanding of benefits and/or administration.
6. Schedule items may be varied to reflect Policyholder election (e.g. a “copay” cost sharing option is elected for a coverage item rather than a “coinsurance” cost-sharing option). Possible numerical values available to Policyholder’s are expressed by a defined range in the Schedule (i.e., a copayment dollar amount range, a coinsurance percentage range, a day or visit maximum range or contract, calendar year or lifetime dollar maximum range). Policyholders may elect any numerical value within the identified range.
7. Proposed Exclusion text has been marked variable to allow a Policyholder to include all, or some, of the proposed exclusions.
8. Proposed Covered Expenses text has been marked variable to allow a Policyholder to include all, or some, of the proposed coverage items.
9. References to Consecutive Months may be changed to Calendar Year and vice versa, based on Policyholder election.

Specific Forms

Form HP-POL77: Policy

- Policyholder Name, Account Number, Policy Numbers, Amendment Numbers and Effective Date will be included.
- Table of Contents entries vary based on Policyholder coverage elections.
- Text may be varied to reflect the appropriate description of Class of Eligible Employee based on Policyholder specification (e.g. “All Hourly Employees”).
- Applicable time periods may vary within the range shown.
- The monthly premium rate will be included
- Include Employees Contribution Paragraph if employee pays part of the cost
- Include Change in Premium percentage selected by Policyholder

Form HP-APP1: Policy Application

- Fill in information entries will vary based on Policyholder information

Form HP-AMD1 & HP-AMD4: Policy Amendments

- Fill in information entries will vary based on Policyholder information. Examples of entries include but are not limited to: benefit provisions may be rewritten at the request of a Policyholder to clarify the Policyholder's understanding of benefits and/or administration.

Form HC-TOC2: Table of Contents

- Table of Contents entries vary based on Policyholder coverage elections.

Form HC-CER2: Certification

- Policyholder Name, Account Number and Effective Date will be included.
- "Notice" language may be included for a Section 125 plan or when a Policyholder elects a "Name: certificate, as appropriate.

Form HC-CLM1: How to File Your Claim

- Insert the appropriate bracketed text based on product selected, or
- The page, in its entirety, may be removed.

Form HC-ELG1: Eligibility – Effective Date

- Include text relating to Dependents, if coverage of Dependents is elected by the Policyholder.
- Text may be varied to reflect the appropriate description of Class of Eligible Employee based on Policyholder specification (e.g. "All Hourly Employees").
- Text regarding "Initial Employee Group" and "New Employee Group" will be removed for a renewed certificate.
- Applicable time periods may vary within the range shown.
- Text regarding the Participation Date of the Employer will be used for plans issued to a Trust.

Form HC-LEL1: Eligibility – Effective Date

- Include Option 1, Option 2 or Option 3 text relating to "Coverage for late Entrant" as elected by the Policyholder.

Form HC-ELG3: Eligibility – Effective Date – Dental Expense Reimbursement

- Include Supplemental Dental Benefits page (HC-ELG3) when this program is elected by the Policyholder.
- Include text relating to Dependents, if coverage of Dependents is elected by the Policyholder.
- Text may be varied to reflect the appropriate description of Class of Eligible Employee based on Policyholder specification (e.g. "All Hourly Employees").

Form HC-IMP2: Important Information About Your Dental Plan – CIGNA Dental Options or CIGNAflex Advantage

- Include "CIGNAflex Advantage" when elected by the Policyholder.
- Include Product names
- Include appropriate text for the enrollment options based on Policyholder election.

Form HC-DBW1.: Dental Benefit Waiting Period

- Applicable waiting periods may vary within the ranges shown.
- If Plan doesn't cover a specific class, the bullet relating to that Class may be deleted.

Form HC-MTL1.: Missing Teeth Limitation

- Include applicable missing tooth limitation as elected by the Policyholder.

Form HC-DEN1: Covered Dental Expense, Alternate Benefit Provision, Predetermination of Benefits and Covered Services

Covered Dental Expense

- Last bullet may be included or excluded, when included select appropriate classes based on Classes covered under plan.

Alternate Benefit Provision

- Text may be included or excluded.

Predetermination of Benefits

- Include the recommended dollar amount as elected by Policyholder, may vary within the range shown.

Form HC-DEN2: Payment Formula

- Include appropriate Payment Formula option by Product and Product Option 1, Option 2 or Option 3 as elected by the Policyholder.

Form HC-DEN3: Class I Covered Services

- Either Class I Option I or Class I Option II will be included as elected by the Policyholder.
- Covered Services may be limited to Class I Services Only as elected by the Policyholder – references to non-covered Classes will be deleted.
- A specific procedure or group of procedures may be shifted from one class of services to another as elected by the Policyholder.
- Insert appropriate frequency limitations standard product features are noted.
- Fluoride and Sealant age limits may be deleted or age limits may vary within the range shown.

Form HC-DEN4: Class II Covered Services

- Either Class II Option I or Class II Option II will be included as elected by the Policyholder.
- Covered Services may be limited to Class I and Class II Services Only as elected by the Policyholder – references to non-covered Classes will be deleted.
- A specific procedure or group of procedures may be shifted from one class of services to another as elected by the Policyholder.
- Insert appropriate frequency limitations, may vary within the range shown, as elected by the Policyholder.

Form HC-DEN5: Class III Covered Services

- Either Class III Option I or Class III Option II will be included as elected by the Policyholder.
- A specific procedure or group of procedures may be shifted from one class of services to another as elected by the Policyholder.
- Implant paragraph will be included if Implants are covered under Class III.
- Prosthesis Over Implant paragraph may be included or excluded.
- Insert appropriate frequency limitations as elected by the Policyholder, may vary within the range shown.

Form HC-DEN6: Class IV Orthodontics

- Include page if Optional Buy Up Class IV Orthodontia is elected by the Policyholder.
- Either Class IV Option I or Class IV Option II will be included as elected by the Policyholder.
- Include appropriate text base on option elected by the Policyholder: Dependent Children Only (no age limit), Dependent Children (with age limit) or Adult Orthodontia.

Form HC-DEN7: Class V TMJ

- Include page if Optional Buy Up Class V TMJ is elected by the Policyholder.

Form HC-DEN8: Class IX Implants

- Include page if Optional Buy Up Class IX Implants is elected by the Policyholder.
- Do not include page if Implants are covered under Class III.

Form HC-DRP1: Covered Expenses – Dental Expense Reimbursement

- Include Supplemental Dental Benefits page (HC-DRP1) when this program is elected by the Policyholder.

Form HC-DES1-87 et al: Scheduled Plans Classes I, II, III & IV

- If plan is a Scheduled Plan included appropriate pages for the Scheduled Plan as elected by the Policyholder.
- Fluoride and/or Sealant age limits may be deleted

Form HC-DEX1: Exclusions, Expenses Not Covered and General Limitations

- Either Option 1, Option 2, Option 3 or Option 4 will be included as elected by the Policyholder.
- Bracketed Text may be included or excluded as elected by the Policyholder.
- For Dental Benefits, include bulleted items based on Policyholder plan specifications.

Form HC-DRP2: Exclusions, Expenses Not Covered and General Limitations – Dental Expense Reimbursement

- Include Supplemental Dental Benefits page (HC-DRP2) when this program is elected by the Policyholder.
- For Dental Benefits, include bulleted items based on Policyholder plan specifications.

Form HC-COB6: Coordination of Benefits

- Page will be included or excluded as elected by the Policyholder
- References to Medicare/Medicare Eligibles will be removed if Policyholder elects not to coordinate benefits with Medicare.

Form HC-POB4: Payment of Benefits

- Bracketed text will be included or excluded based on Policyholder election.

Form HC-POB5: Miscellaneous Programs

- Health Rewards paragraph may be included or excluded based on Policyholder election.
- Oral Health Integration Program paragraph, bracketed text will be included or excluded based on Policyholder election.

Form HC-TRM3: Termination of Insurance

- Include provision regarding Temporary Layoff based on Policyholder election.
- Include Retirement provision if Policyholder elects coverage for retired employees.
- Include text relating to Dependents, if coverage of Dependents is elected by the Policyholder.
- Include Family Security Provision (Dependent Dental Insurance After your Death) if Policyholder elects to include Family Security Provision.

Form HC-TRM4: Termination of Insurance – Dental Expense Reimbursement

- Include Supplemental Dental Benefits page (HC-TRM4) when this program is elected by the Policyholder.
- Include provision regarding Temporary Layoff based on Policyholder election.
- Include text relating to Dependents, if coverage of Dependents is elected by the Policyholder.

Form HC-BEX3: Dental Benefit Extension

- Include this section if elected by Policyholder.
- Not applicable if Policyholder elects Class I Services Only.
- Bullets may be deleted to appropriately reflect only those services covered under the plan. (e.g. if Classes I and II are the only classes covered under the plan all services covered under a Class III will be deleted).

Form HC-APL94: Dental Appeals

- Include Expedited Review text if elected to be included by Policyholder.
- Include Independent Review text if elected to be included by Policyholder.

Form HC-DFS1 et al.: Definitions

- Include definitions necessary to describe coverage based on Policyholder product election.
- **Dependent Definition** –
 - Insert appropriate dependent age within range shown as elected by the Policyholder
 - Add bracketed Domestic Partner references if Domestic Partners are covered as elected by Policyholder
 - If non-Students and Student are covered to the same age delete Student Bullet.
 - Include one of the three “coverage continued until” option.

<i>SERFF Tracking Number:</i>	<i>CCGH-126664583</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46241</i>
<i>Company Tracking Number:</i>	<i>20967064</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental Benefits</i>		
<i>Project Name/Number:</i>	<i>CIGNA Health and Life Insurance Company Policy and Certificate (LEA) (Dental) /20967064</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/17/2010	Form	Eligibility – Effective Date	08/13/2010	HC-ELG1.pdf (Superceded)

Eligibility - Effective Date

Employee Insurance

This plan is offered to you as an Employee.

Eligibility for Employee Insurance

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- you are an eligible, full-time Employee; and
- you normally work at least [15-40] hours a week; and
- you pay any required contribution.

If you were previously insured and your insurance ceased, you must satisfy the [New Employee Group] Waiting Period to become insured again. If your insurance ceased because you were no longer employed in a Class of Eligible Employees, you are not required to satisfy any waiting period if you again become a member of a Class of Eligible Employees within [30 days-one year] after your insurance ceased.

[Initial Employee Group: You are in the Initial Employee Group if you are [employed in a class of employees on the date that class of employees becomes a Class of Eligible Employees as determined by your Employer] [in the employ of an Employer on the Participation Date of the Employer].

New Employee Group: You are in the New Employee Group if [you are not in the Initial Employee Group] [your Employment with an Employer starts after the Participation Date of that Employer].]

[Eligibility for Dependent Insurance

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.]

Waiting Period

Initial Employee Group: [None] [[1-90] Days]

New Employee Group: [None] [[1-90 days] after date of hire] [[1-90] days from the date of Active Service] [First of the month following [1-90] days from the date of Active Service] [The first day of the month following [1-90] days from date of hire]

Classes of Eligible Employees

[Each Employee as reported to the insurance company by your Employer.]

Effective Date of Employee Insurance

You will become insured on the date you elect the insurance by signing an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible. [If you are a Late Entrant, your insurance will not become effective until CIGNA agrees to insure you.]

You will become insured on your first day of eligibility, following your election, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status.

Late Entrant - Employee

You are a Late Entrant if:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you cancel your payroll deduction (if required).

CIGNA may require evidence of good health to be provided at your expense if you are a Late Entrant.

[Dependent Insurance]

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction form (if required), but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included.

If you are a Late Entrant for Dependent Insurance, the insurance for each of your Dependents will not become effective until CIGNA agrees to insure that Dependent.

Your Dependents will be insured only if you are insured.

Late Entrant – Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 30 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction (if required).

CIGNA may require evidence of your Dependent's good health at your expense if you are a Late Entrant.

[Exception for Newborns]

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.]]